CITY OF EL PASO, TEXAS REQUEST FOR COUNCIL ACTION (RCA)

	REQUEST FOR CO	UNCIL ACTION (RCA)
DEPARTMENT:	Community Development	
AGENDA DATE:	November 16, 2004	
CONTACT PERSON	N/PHONE: Gabriela Martinez, (915)	541-4278
DISTRICT(S) AFFE	CTED: All	
SUBJECT: APPROVE a Manager to amount if app	do what? Be descriptive of wha	to do what? OR AUTHORIZE the City twe want Council to approve. Include \$
This is a re \$181,501.20	esolution to authorize the Mayo to the Hogg Foundation for Menta	r to sign an application for funding in the amount of all Health for Project FOCUS.
Discussion of complete description, or	cription of the contemplated actio	how to enable Council to have reasonably on. This should include attachment of bid oriate. What are the benefits to the City of
Mental Healt Department of services prove the Senior Pe FOCUS will re adults who he system. Proje	h Services Administration (SAMI) of Community & Human Developed ided to homebound seniors ages are Counseling Program. With the ecruit and train volunteer senior cave mental illness and yet refus	ided by the \$1.2 million three-year Substance Abuse & HSA) grant awarded to the City and administered by the ment. Project FOCUS seeks to expand the mental health is 65 and older living in El Paso with the establishment of support of the Hogg Foundation for Mental Health, Project itizens to provide individual and group counseling to older the services from the conventional mental health services of San Vicente and the El Paso Community Mental Health endeavor.
PRIOR COUNTY Has the County	NCIL ACTION: cil previously considered this item o	or a closely related one?
Yes. The thre submitted by	e applications to the Substance A the City for Project FOCUS in 200	buse & Mental Health Services Administration (SAMHSA) 2, 2003 and 2004.
How will this	D SOURCE OF FUNDING: item be funded? Has the item beembers and description of account.	n budgeted? If so, identify funding source Does it require a budget transfer?
This is an app	lication to receive funding. No Cit	y funds required.
	MMISSION ACTION: iate comments or N/A	FAST TRACK
N/A		
****	**************************************	THORIZATION************
LEGAL: (if required) DEPARTMENT HEA	D: Rifaferas	FINANCE: (if required)
APPROVED FOR A	(Example: if RCA is initia Information cop	ted by Purchasing, client department should sign also) by to appropriate Deputy City Manager

CITY MANAGER: _____ DATE: ____

RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

That the Mayor be authorized to sign and submit a Full Initial Proposal Application to the Hogg Foundation for Mental Health on behalf of the City of El Paso in the amount of \$181,501.20 in private foundation funds for the Senior Peer Counseling Program for the Project for the Optimal Care of Underserved Seniors (Project FOCUS); and,

That Robert A Salinas, Director of Community & Human Development, be authorized to furnish such additional information as the Hogg Foundation for Mental Health may require in connection with the Application for this Project; and,

That the Mayor be authorized to execute, on behalf of the City of El Paso, any Grant Agreement, and any amendments to the Initial Grant Agreement which increases, decreases or deobligates Program funds, provided that no additional City funds are required, upon approval by the Hogg Foundation for Mental Health; and that the Mayor be authorized to sign Agreements between the City and the Collaborative Partners for the project, El Paso Community Mental Health and Mental Retardation Center, TriWest Group LLC, the County of El Paso (City-County Nutrition Program), LULAC Project Amistad, and Centro San Vicente in accordance with the Grant Application.

[No City cash match required.]

Assistant City Attorney

APPROVED this 16th day of November 2004.

	The City of El Paso
	Joe Wardy Mayor
ATTEST:	
Richarda Duffy Momsen, City Clerk	
APPROVED AS TO FORM:	APPROVED AS TO CONTENT:
Jeff McElyoy Assistant City Attorney	Robert A Salinas, Director Community & Human Development

JOE WARDY MAYOR

JOYCE WILSON CITY MANAGER

ROBERT A SALINAS
DIRECTOR



CITY COUNCIL
SUSAN AUSTIN, DISTRICT 1
ROBERT A. CUSHING, JR., DISTRICT 2
ALEXANDRO LOZANO, DISTRICT 3
JOHN F. COOK, DISTRICT 4
PAUL J. ESCOBAR, DISTRICT 6
VIVIAN ROJAS, DISTRICT 7
ANTHONY W. COBOS, DISTRICT 8

COMMUNITY & HUMAN DEVELOPMENT DEPARTMENT

November 16, 2004

King E. Davis, Ph.D. Executive Director Hogg Foundation for Mental Health P. O. Box 7998, University Station Austin, TX 78713

Dear Dr. Davis:

Sincerely,

I am pleased to submit this grant application to the Hogg Foundation for Mental Health for your consideration in lending financial support to the Project For Optimal Care of Underserved Seniors, or Project FOCUS. Project FOCUS represents a collaborative effort to provide mental health treatment and wellness services in an innovative manner that will increase the capacity of multiple services systems to provide services to an older adult population that is the least likely to access these services. Our collaborative is seeking a total of \$181,501.20 from the Hogg Foundation for Mental Health to support the **Project FOCUS Senior Peer Counseling Program** for two years (December 1, 2004-November 30, 2006).

Shall you have any questions or require additional information, please contact Gabriela Martinez, Project FOCUS Manager, at (915) 541-4278 or martinezgz@elpasotexas.gov. Thank you for your consideration.

Joe Wardy Mayor	
ATTEST:	
Richarda Duffy Momsen, City Clerk	

APPROVED AS TO FORM:

Assistant City Attorney

APPROVED AS TO CONTENT:

Robert A Salinas, Director Community & Human Development



Project For the Optimal Care of Underserved Seniors (Project FOCUS) Senior Peer Counseling Program

DESCRIPTION OF PROBLEM & NEEDS

Project FOCUS proposes to serve El Paso County, which is located at the westernmost tip of Texas, bordered by Chihuahua, Mexico to the south and New Mexico to the north. El Paso County is home to the City of El Paso, the fifth largest city in Texas and the 23rd largest city in the United States, with an estimated population of 563,662. El Paso County is comprised of 1,013 square miles. Its sister city to the south, Ciudad Juarez, Mexico has an estimated population of 1,217,818.

Of El Paso County's 679,622 residents, 77% are Hispanic and approximately 10% are 65 or older. El Paso is ranked, 4th highest in the U.S. in the percentage of families at or below the poverty level (approximately 30% of adult El Pasoans live below the Federal Poverty Level). Per capita income is \$13,421 and 34% of the population does not have health insurance. In El Paso County, 44% of adults over age 65 surveyed reported that their annual income is less than \$15,000 (Center for Aging Study, 2001). The average income of a Project FOCUS participant is \$613 per month or \$7,356 annually (Project FOCUS Year One Report, 2003). The Surgeon General reported (1999) that poverty had the most measurable effect on the rates of mental illness among Latinos. Persons in the lowest socioeconomic strata were three to four times more likely to have a mental disorder than those in the highest strata.

The mental health of older El Pasoans is also poor. Briones & Heller (2003, unpublished) reported that 18% of 65-74 year olds presented with major depression based on the Center for Epidemiologic Studies – Depression (CES-D) scale. Those individuals ages 75 and older showed similar results with 19.3% diagnosed with major depression.

According to the 2000 U.S. Census, El Paso's community has poor educational achievement and poor economic development. When compared to other communities in the nation's 331 Metropolitan Statistical Areas, El Paso ranks the 4th lowest in per capita income. As stated previously, education achievement is below average as El Paso ranks as 325th in the number of residents who have earned a high school diploma and 281st in the percentage of residents who have earned a bachelor's degree or higher. El Paso is a federally designated "Medically Underserved Area" and is experiencing a severe shortage of qualified medical and healthcare professionals. Many residents experience critical health challenges such as high rates of diabetes, hypertension and obesity.

El Paso citizens have an extremely high incidence of diabetes and related illnesses. As much as 34% of the population has no health insurance, forcing many residents to live without medical care (Paso del Norte Health Foundation, 2000). Preventive screenings are frequently not an option; therefore, medical attention is not given until the problem is has fully developed. According to the Paso del Norte Health Foundation, 7.3% of El Pasoans report having diabetes compared to 6.5% of Texans. To complicate matters, the risk of diabetes is significantly higher among Hispanics. El Paso County residents also suffer from a wide range of behaviors that place them at risk for a variety of aging-related illnesses. For example, the binge-drinking rate is 18.1% in El Paso as compared to 15.3% statewide. About 75% of El Pasoans do not get enough exercise. Over 19 percent have been diagnosed with high blood

pressure. Moreover, 33% of El Paso County residents are overweight compared to 28.6% of the Texas population. More than half of El Pasoans 45-64 years of age being overweight, and of those 65 years of age and older, 27.7% are diagnosed with heart disease.

Seniors are at higher risk for depression due to various factors (National Institute for Mental Health, n.d.). For example, seniors are more likely to suffer the loss of a spouse, family and friends, chronic health problems, loss of independence, financial hardship and a dependency on medications that may cause depressive symptoms. All of these factors and an inability to cope coupled with a lack of family and community support heightens a senior's chances of becoming depressed. Loss of independence, loss of family and friends and even forced retirement causes loneliness and isolation amongst people in general, but the feelings worsen as one ages (National Institute on of Mental Health, n.d.).

John Rowe, M.D. and Robert Kahn, Ph. D. wrote in *Successful Aging*, a book about the results of the MacArthur Foundation studies on aging, that "strong social ties are more important in preventing illness than genetic background." The Project FOCUS Senior Peer Counseling Program intends to not only provide senior peer counseling services to the project's isolated seniors, but also highly encourage social activities, group counseling and interaction as part of the peer counseling intervention.

Society's perception on mental illness has not changed despite the immense progress undertaken in this field. The stigma of having a mental illness transcends all ethnic and cultural backgrounds. Sadly, however, the attitude among the Latino population on mental illness is greater and even more detrimental. Latinos do not want to be labeled as "loco (crazy)." This attitude toward mental illness among Latinos makes it more difficult to accept and seek treatment (NAMI Multicultural and International Outreach Center, 2000).

According to report of the Kaiser Commission on Medicaid and the Uninsured entitled "Health Insurance Coverage and Access to Care Among Latinos (Kaiser Family Foundation, 2000)," several important factors prevent Latinos from seeking mental healthcare and among these are lack of health insurance, language barriers and cultural misunderstanding. Moreover, these very barriers were also reported in *Mental Health: Culture, Race and Ethnicity*, a supplement to *Mental Health: A Report of the Surgeon General* (2001). Latinos comprise 12% of the U.S. population and nearly one-quarter of this nation's uninsured (Kaiser Family Foundation, 2000). Moreover, research has established that there is a correlation between acculturation and depression (Duran, 1995). Latinos would more readily seek the help of a "curandera (healer)" than go to a psychiatrist. The "curandera" is knowledgeable of the person's culture, understands the language and provides spiritual, as well as mental healing. In most cases, sufferers would rather "stay at home and hope they'll get better by themselves" ("Between Two Worlds: Mental Healthcare for Latinos" found on www.ifigetoutalive.com, 2003).

The Senior Peer Counseling Program will minimize many of these barriers and address the needs of seniors by providing a committed and highly trained group of peer counselors who understand the language, culture and economic needs of the seniors they serve. Peer counselors will help seniors develop coping skills and access community resources. They will offer homebound seniors a friendly listener, support and a connection to the outside world. With this dedicated team of professionals and volunteers, the proposed project is positioned

to succeed in providing needed treatment to older adults who would otherwise not be served by the conventional mental health services system.

PROJECT DESCRIPTION

Project FOCUS

Project FOCUS is a project of El Paso's SALSA (Successful Aging through Long-term Strategic Alliances) collaborative. SALSA is funded by a grant awarded to the Rio Grande Area Agency on Aging by the Robert Wood Johnson Foundation to plan and develop a comprehensive system of services that best fits El Paso's older population, its families and its current and future providers. In complement, Project FOCUS is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the mental health of older adults through innovative and evidence-based practices to increase the quality of and expand access to mental health services. The Project FOCUS collaborative partners include the City of El Paso, City-County Nutrition Program, Centro San Vicente, El Paso Community Mental Health & Mental Retardation Center (MHMR), the Upper Rio Grande Area Agency on Aging (AAA), and LULAC Project Amistad. This collaborative strives to develop and implement a new system of mental health service delivery that incorporates a "no wrong door" philosophy of providing both treatment and prevention services to enable seniors to live longer lives with less dependency.

The project draws its participants from the El Paso City-County Homebound Nutrition Program. The Nutrition Program delivers noontime meals to 1,000 isolated seniors daily. This population is targeted because of their high risk for depression and other mental health conditions due to isolation and multiple health problems, which diminish their ability to leave their homes. After completing a mental, physical, nutritional, social and environmental health screening, the Nutrition Program makes appropriate referrals based on the results of the screening. Clients are assigned to one of four treatment groups based on their level of need for mental health services and their decision to enroll in the recommended treatment plan. Clients that screen positive for depression are referred for assessment and diagnosis to the El Paso Mental Health & Mental Retardation (MHMR) Center. Clients that screen negative for depression (Group D) are then referred to LULAC Project Amistad or Centro San Vicente for Wellness Services depending on whether they reside within the Centro San Vicente catchment area or not. Wellness Services is a preventive case management approach based on "successful aging" concepts.

Clients that have a diagnosis that meets priority population status are offered services at the MHMR Center. To meet priority population status older adults must have a diagnosis of at least one of the following mental illnesses: schizophrenia, bipolar disorder or major depressive disorder. Clients who do not meet priority population yet who are diagnosed to have mild to moderate mental illness are referred to Centro San Vicente for mental health services (Group A). Clients who accept services from the MHMR Center are assigned a case manager who coordinates their services, provides rehabilitation services, referrals and follow-up as well as advocates for their clients' needs (Group B). Older adults who turn down or refuse mental health/psychiatric services from the MHMR Center or Centro San Vicente are assigned to Group C. To ensure that older adults needing mental health treatment do no fall through the cracks of the conventional service system, Project FOCUS will offer older adults refusing services an option that would be more readily accepted – the help of a peer. This

would allow for services to be provided without fear of being stigmatized by participating in psychiatric care. Project FOCUS proposes to enroll older adults in Group C in Senior Peer Counseling Services with the assistance of the Hogg Foundation for Mental Health. Please see "Client Services Flowchart" in the attachments section for details on the four treatment groups.

The Senior Peer Counseling Model

The Senior Peer Counseling Program was developed by the Center for Healthy Aging in 1977. Based in Santa Monica, California, the Center for Healthy Aging (CHA) has developed and coordinated the replication of the Senior Peer Counseling Program model throughout the United States and internationally. The goal of the Senior Peer Counseling model is to provide a low-cost and vital service to an underserved population in need of emotional and social support as they deal with stage-of-life issues such as loss and grieving, changing relationships, isolation, chronic disease, loss of independence and late-life depression. CHA has developed a training manual and video in response to requests by community organizations across the U.S. and the world for assistance in setting up their own Senior Peer Counseling Programs. Project FOCUS proposes to replicate this model in El Paso County to serve older adults in need of mental health services although they refuse treatment from typical providers (Group C).

The Senior Peer Counseling model consists of four components and these are:

- 1. Thorough selection, training and supervision of senior peer counselors;
- 2. Mental health professionals train seniors to provide one-on-one counseling and lead support groups for seniors with a comprehensive 24-session training in communication and counseling techniques, family systems, group leadership and other relevant topics;
- 3. Mental health professionals provide on-going support through meetings where senior peer counselors can focus on self-awareness and self-learning beginning with the group interview and continuing through training and the duration of the volunteer's work with the agency; and
- 4. Senior peer counselors provide counseling to seniors in both group and individual settings.

Volunteer Recruitment & Training

Nancy Melendez-Forbes, Project Developer, will spearhead the outreach and recruitment efforts of the Project FOCUS Senior Peer Counseling Program. Peer counselors will be selected based on the following criteria:

- Must be age 60 or older
- · Spanish speakers, preferred
- Good listening skills
- Ability to be patient
- Good communication skills
- Able to interact with diverse populations

- Reliable transportation (own or via public transit)
- Positive attitudes towards elders and successful aging
- Willingness to volunteer
- · Able to be empathetic, non-judgmental and respectful of others
- Able to satisfactorily complete a pre-qualifying interview and assessment to determine applicant's emotional stability.

Project FOCUS will aim to recruit and maintain a minimum of 12 senior peer counselors. Recruitment efforts will encompass collaboration with partner agencies to help identify potential candidates. Entities that will be approached for assistance include the City of El Paso Retired & Senior Volunteer Program (RSVP), the Area Agency on Aging, University of Texas at El Paso Center for Lifelong Learning, El Paso Chapter of the Texas School Nurse's Association, Mayor's Advisory Board on Aging, AARP and the El Paso Community College Senior Adult Learning Program. Project FOCUS has maintained working relationships with the above-mentioned entities that will facilitate the recruitment of qualified volunteers. Additionally, Project FOCUS will utilize local media to promote the recruitment of volunteers as well as project services. Local print media includes the "Senior Section," which appears in the "Living Section" of the El Paso Times weekly. Another publication is Southwest Senior, a local monthly publication geared exclusively to senior issues with a circulation of over 30,000. Other media includes the El Paso Community College's "Mature Living" program, which airs on local cable television stations weekly and "Senior Junction," a weekly radio show that airs on the local National Public Radio station KTEP 88.5 FM. SALSA and Project FOCUS have strong working relationships with the aforementioned media venues through frequent submission of articles and appearances on their shows.

Once the senior peer counselors are selected, volunteers will complete the 24-session training program developed by the Center for Healthy Aging. The CHA provides a comprehensive trainer's guide including detailed lessons as well as two training videos. Project FOCUS proposes to send three Project FOCUS staff to complete a train-the-trainer workshop at CHA. Staff attending the training will be Project Developer Nancy Melendez-Forbes, Laura Hemley, LMSW (Centro San Vicente) and the proposed LPC (MHMR Center). This training workshop will cover the following topics:

- Recruitment and selection of trainees
- Training philosophy
- Principles of effective training
- Assignments of clients to peer counselors
- In-service suggestions
- Resources and bibliography
- Sample letters and forms

In addition, the project will purchase one trainer's guide, which includes the complete lessons and handouts, experiential exercises on audiotape and skills development videos to deliver the training for recruits. Topics covered during the training will include the following:

- Psychology of aging
- ABCs of counseling
- · Counseling interventions
- Depression, suicide and loneliness

- Communication skills
- Adapting to our rapidly changing society
- Case management and caregiving
- Integrating the physical, emotional and spiritual
- Family systems
- Dealing with dependency and addictions
- Creative aging

Once volunteer peer counselors have completed their training, they will be assigned to one of two Senior Peer Counseling Program sites, namely Centro San Vicente or the El Paso Community Mental Health & Mental Retardation Center (MHMR Center).

Serving Group C

Project FOCUS proposes to serve participants who refuse conventional mental health services, or Group C, with the Senior Peer Counseling Program. The project will have two sites where participants may access Senior Peer Counseling Services – Centro San Vicente and El Paso MHMR Center. Each site will have an "Emotional Health Team" composed of a licensed mental health professional and volunteer senior peer counselors. Senior Peer Counseling Services will be available at both sites because the project would like to give individuals an opportunity to choose a site close to home. El Paso is a very large city and transportation is a challenge for the senior population. In this manner, traveling to either site for group peer counseling services will be facilitated. The MHMR Center will transport clients to group sessions and Centro San Vicente is exploring a partnership with Project FOCUS partner LULAC Project Amistad to provide accessible transportation to and from group sessions. Moreover, these are two diverse centers where one is a primary care practice and the other a state-mandated mental health facility.

The "Emotional Health Team" will be the key to enrolling seniors who have refused typical mental health services and would otherwise go untreated. Laura Hemley, LMSW, will head the Centro San Vicente team. In the event that a participant requires a more rigorous intervention or has a crisis, Clinical Psychologist Felix Carrion, Ph.D, will assist. The MHMR Center will have similar staffing. Central Outpatient Clinic Administrator Christina Calderon, MA, LPC, proposes to hire a Licensed Professional Counselor to head the Emotional Health Team at the MHMR Center. A team of psychiatrists and Ms. Calderon would support the LPC in the event that a participant requires a more intensive intervention. A ratio of one (1) peer counselor to a maximum of three (3) senior participants will be observed.

Project Developer Nancy Melendez will assist Ms. Hemley and the proposed LPC coordinate required training for the volunteer senior peer counselors. Ms. Hemley and the LPC to be hired will conduct the 24-session training using the CHA training manual. Ms. Melendez-Forbes will assist by providing the volunteers with training on forms and paperwork that must be completed and turned in as part of the project's evaluation. She will also provide assistance to volunteers in maintaining proper files in a confidential manner as well as providing needed office supplies (e.g., file folders, forms, copies, etc.). As an additional source of support and technical assistance, peer counselors will be invited to participate in quarterly staff training sessions. Quarterly staff training brings all Project FOCUS case managers, screeners and wellness coaches together to hone skills and learn about

community resources available to help serve and empower participants. Peer counselors will also be recognized for their accomplishments at these meetings.

Group C participants will be able to benefit from both individual and group counseling. Project FOCUS proposes to offer participants with one-on-one counseling to be provided on a weekly basis by the peer counselor. Additionally, the project would also provide group sessions on a monthly basis at Centro San Vicente and the MHMR Center. The group sessions are imperative to the wellness of this target population since loneliness due to isolation is at the crux of depressive symptoms. Although participants will not be forced to join group sessions, it is a necessary component to the proposed project. Group sessions will be co-facilitated by a peer counselors and the mental health professional.

Project Objectives

Project FOCUS will achieve the following objectives with the Senior Peer Counseling Program:

- Hire and train one part-time licensed professional counselor (LPC) at the El Paso Community MHMR Center by December 31, 2004.
- Recruit, screen and select a minimum of 12 senior peer counselors by January 30, 2005.
- Recruit, screen and select an additional 6 senior peer counselors by January 30, 2006.
- Conduct at least one "Peer Counseling for Seniors" training workshop for a minimum of 12 peer counselors by February 28, 2005.
- Identify, select and match a minimum of 36 potential participants for Senior Peer Counseling Services by February 28, 2005.
- Conduct an additional "Peer Counseling for Seniors" training workshop for a minimum of 6 peer counselors by February 28, 2006.
- Identify, select and match an additional of 24 potential participants for Senior Peer Counseling Services by February 28, 2006.
- Conduct weekly support/supervision meetings with peer counselors through November 30, 2006.
- Coordinate and conduct quarterly Project FOCUS staff training workshops to include Senior Peer Counselors by November 30, 2006.
- Participate in Project FOCUS evaluation component by completing forms and reports as required by evaluation protocol by November 30, 2006.

SENIOR PEER COUNSELING AND THE PROJECT FOCUS MISSION

The mission of Project FOCUS is to improve the quality of life for physically frail seniors who also live with mental health illness. To achieve this mission, the project will attain three goals:

- Build infrastructure to support long-term expansion of system capacity by linking service systems to intervene earlier to prevent or curtail the impairment caused by mental health problems;
- Improve accessibility to mental health services by removing barriers and introducing new advances in service delivery;
- Improve the quality of senior services by providing capacity building activities for mental health service and senior health service professionals on the unique needs of the elderly and on mental health resources available in the area.

The Project FOCUS Senior Peer Counseling Program sets up a safety net for seniors needing mental health services who refuse to enter the conventional psychiatric/mental health system. This is the mission of Project FOCUS in a nutshell. By providing seniors with mental health services through a peer, a person that looks, acts and is like them, we remove the stigma that prevents many of these older adults from accessing services. This also allows the project to close the generation gap between the participants and their service providers. Currently, mental health providers are young and middle-aged adults. Moreover, this approach is at the very heart of the project's "no wrong door" philosophy where older adults could access mental health services from any agency without fear of discrimination or refusal.

PRIORITY AREAS OF INTEREST

The Project FOCUS Senior Counseling Program addresses the three following Hogg Foundation for Mental Health's priority areas of interest:

- 1) Underserved populations and reducing disparities in service availability;
- 2) Mental health systems transformation; and,
- 3) The interface between physical health and mental health.

Homebound older adults are a historically and widely underserved population as a result of their lack of mobility, isolation and financial situation. Project FOCUS has chosen to address the physical and mental health needs of this population through its partnership with the City-County Homebound Nutrition Program for various reasons including providing a familiar and non-threatening entry into mental health services. The project's approach to service provision is based on "Successful Aging" concepts devised as a result of the Macarthur Foundation studies and reported by Kahn & Rowe in their book *Successful Aging*. The three keys to successful aging are:

- Low risk of disease and disease-related disability;
- High mental and physical function; and
- Active engagement with life.

"Successful aging" concepts are integrated into the project case managers and wellness coaches approach to treating and preventing mental illness, namely depression. In this manner, the project aims to overhaul the service provision system to help seniors take more control of improving their own quality of life by having case managers provide the tools necessary to empower seniors and their families to help him/her/themselves. Senior peer counseling provides an additional venue by which seniors help seniors help themselves.

TARGET POPULATION

Sixty percent of El Paso County Hispanic seniors (age 60 and older) perceived their health to be "fair or poor" in comparison with 25% of non-Hispanic white respondents (Center for Aging Study, 2001). Furthermore, a study recently conducted by Dr. David Briones, Dr. Peter Heller and colleagues at Texas Tech University Health Sciences Center in El Paso entitled "Psychological Distress Among Elderly Hispanic and Non-Hispanic White Residents of El Paso, Texas" (2003, unpublished) studied 1,200 El Pasoans ages 65 and over to assess psychological distress and impairment for daily living. The study found that 29.9% of individuals ages 65-74 reported having difficulty performing one to two activities of daily living (ADLs) and 19.7% reported trouble with at least three ADLs. As participant age increased so did disability, with 29.3% of those ages 75 and older reporting trouble with one to two ADLs and 42.3% with at least three ADLs. ADLs measured included: using telephone, driving/taking bus, shopping, preparing meals, performing light housework, taking medicine, handling money, doing heavy work at home, walking up/down stairs, and walking half-mile without assistance.

The actual project serves participants of the City-County's Homebound Nutrition Program who are ages 65 and over. This population was chosen because the clients are individuals who are typically isolated, low income, have poor nutrition, low educational attainment levels, limited physical and mental activity, chronic health problems, and disengagement with life. The average income of a Project FOCUS participant is \$613 per month. Additionally, the majority of clients live alone and have no family involvement. Actually, 79% of participants live alone or with a spouse for whom they care. The fact that about 75% of clients speak only Spanish limits their access to medical and social services. To qualify for homebound meals individuals must meet a set of criteria that includes: having limited mobility, inability to get to a center for congregate meals, no one else at home to prepare meals for them, and possible endangerment in preparing meals for themselves. This segment of the population is in dire need of services to prevent or delay the onset of preventable mental health disorders, such as depression and dementia. These services, often not considered mental health services, could eliminate some of the above-mentioned risk factors such as social isolation, limited physical activity and mental stimulation, and disengagement with life.

DIVERSITY

Project FOCUS has some unique diversity issues to address. The population served is mainly of Hispanic descent and 75% are monolingual Spanish-speaking. Mirroring the population served, the project staff is mostly Hispanic and bilingual in English-Spanish. All forms and services are available in Spanish and English as well as forms are printed in large-block print to ensure that seniors are able to read them. To ensure that staff meet the seniors needs as well as possible, staff are required to complete the "Older Adult Sensitivity Training" workshop at least annually. The workshop is provided using a training manual and kit developed by the Lee Memorial Hospital SECURE Project, which focuses on helping organizations provide senior-friendly services.

On the other hand, the project does have one diversity issue to overcome and that is the fact that project staff are young and middle-aged professionals. At times this age gap creates a challenging dilemma for the case manager as well the older adults being served. For example, the older adult perceives the caseworkers as children rather than as professionals.

This is evident in the terminology used by older adult consumers use in referring to case managers, i.e., "mija (my child)" or "muchachita (little girl)." Another example is illustrated in a participant's refusal to return to see the psychiatrist because "that kid doesn't know what he is talking about. He's just a kid." The addition of Senior Peer Counseling Services will address this gap and provide a bridge to overcome this barrier to service provision.

EVALUATION METHODS & PROJECT OUTCOMES

TriWest Group, LLC, will serve as evaluation consultants for the Project FOCUS Senior Peer Counseling Program. Jesús Sanchez, Ph.D., a senior consultant at TriWest, will continue to coordinate the ongoing evaluation. Dr. Sanchez, a bilingual and bicultural clinical psychologist, is experienced in research evaluation and quantitative analysis, bicultural clinical approaches, and translation of complex research and clinical constructs into Spanish. The TriWest Group approach to evaluation begins and ends with the belief that evaluation must produce useful, actionable results that inform the decisions of program managers and stakeholders. Therefore, the evaluation will employ a common set of methods including Key Informant Interviews, Document Reviews, Logic Modeling, Ongoing Feedback and Information Exchange protocols, Participant Evaluation, and structured Event Reporting. These methods will:

- Describe the processes and results of planning and implementation to inform decisionmaking and provide context for understanding outcome data.
- Provide ongoing planning feedback to stakeholders and the project partners so that the planning process and project are informed by useful data that can help address the barriers outlined in this proposal and ensure the success of the project.
- Clarify and operationalize key outcome and process variables related to theories of change in order to build the project logic model and inform data collection, management, and analysis procedures for the project implementation.

Process Evaluation

The process evaluation for Project FOCUS was established for the life of the project. The table below outlines the process evaluation activities and the types of questions that will be addressed during the project period.

Process Evaluation Work Plan

Documenting the processes through which Project Focus was implemented.

Sample Questions

- How was staff training conducted?
- What obstacles were encountered and how were they overcome?
- How were the roles of multiple partners negotiated?

Process Evaluation Work Plan

Data Collection Methods

- Key Informant Interviews
- Participant Self-Evaluation
- Document Reviews
- Ongoing Feedback/ Information Exchange
- > Event Reporting Forms

Documenting that the Project Focus is in place and functioning.

Sample Questions

- Is the Focus Project in place and functioning?
- > Are all required specific services being implemented and/or coordinated?
- Are additional services described in the logic model for the program being implemented and/or coordinated?

Data Collection Methods

- Key Informant Interviews
- > Document Reviews
- Participant Self-Evaluation
- > Ongoing Feedback/ Information Exchange
- Event Reporting Forms
- > Documenting that a structure for Project Focus exists.

Sample Questions

- ➤ What is the structure of *Project Focus*?
- Does this structure coordinate and integrate services in a way that ensures efficient and effective delivery of services to those who need them?

Data Collection Methods

Fidelity Review

- > Key Informant Interviews
- Participant Self-Evaluation
- Document Reviews

Documenting fidelity of the Project Focus to the model.

Fidelity Review: Fidelity refers to the extent to which a program or individual staff member adheres to a program model or carries out a plan as intended. The **Fidelity Review** is based on key elements of the project logic model and elements defined through the GFA. The Fidelity Review will be developed in collaboration with the Coordinating Council and Consumer Advisory Committee and project leaders to ensure its relevance to project goals and activities. The Fidelity Review will feature the following elements: (1) Items will refer to specific aspects of program structure and participant behavior; (2) Items will refer to things that are under the control of the program; (3) Items will reflect the culture and context of the participating systems; (4) All items will be clear and understandable to all participants.

Direct inquiries of families and older adults receiving services will be incorporated into the fidelity review.

Documenting activities engaged in by Project Focus to overcome policy barriers to the sustainability of the program.

- Key Informant Interviews
- Participant Self-Evaluation
- Document Reviews

Process Evaluation Work Plan, continued	
Documenting changes in policies that have occuefforts.	urred as a result of Project Focus'
Key Informant InterviewsParticipant Sel	f-Evaluation > Document Reviews
Documenting older adult and family satisfaction	with the program.
Older adult participant and family satisfaction will be and Experience Survey and interview.	documented through a Satisfaction
Documenting the existence and use of data coll	ection systems.
Sample Question	Data Collection Methods
Are data collection systems in place?	Key Informant Interviews
	Document Reviews
Documenting the stability of staff patterns and	staff training provided.
	Data Collection Methods
Sample Questions	Key Informant Interviews
> Is staff training being conducted?	Document Reviews
Are staff experiencing minimal turnover?	Participant Self-Evaluation
	Event Reporting Forms
Documenting admission/discharge and service	delivery patterns.
	Data Collection Methods
Sample Questions	Key Informant Interviews
Are admission and discharge patterns stable?	Document Reviews
> Are service delivery patterns stable?	Analysis of Admit, Discharge & Service Delivery Data
Documenting the appropriateness of key outco	me measures.
a La Constitut	Data Collection Methods
Sample Question	> Fidelity Review
Are key outcome measures clearly identified and defined?	Document Reviews
	Ongoing Feedback/ Exchange

Outcome Evaluation

To maintain a consistency in the evaluation methodology, the Senior Peer Counseling Program will use the same outcome measurement tools. The Center for Mental Health Services (CMHS) GPRA (Government Performance Review Act) Client Outcome Measure will form the core data collection approach. Program staff will collect data from program participants using this tool at intake, every six months, and at exit from the program. Face to face interviews will be conducted to collect information from project participants receiving services at each of the partner agencies. Administration of this tool by staff members who

have direct contact with service recipients will ensure a response rate of at least eighty-percent (80%).

Other tools developed in collaboration and consultation with the project's executive committee will be used to collect data on a similar schedule. To the extent possible, data collection will be integrated into each partner agency's routine service planning and delivery processes. The table below outlines the project's approach to outcome evaluation questions to be addressed, as well as relevant data to be collected.

Data will be securely transported and keyed into electronic form by trained and supervised evaluation support staff. Data will be maintained in a Microsoft Access[©], SPSS[©] or similar database, kept in a secure centralized file system, and regularly backed-up. Access to all electronic data will be controlled by secure passwords. All data transfers will be HIPAA-compliant. For data elements that are available in the existing MIS system, the evaluators will work with database staff to extract data. TriWest will ensure the accuracy of the data, understand discrepancies, clean and recode the data, and ensure that data are manipulated appropriately. Evaluation team members use contemporary data management tools, including Microsoft Access[©] and SPSS[©]. Summary analyses and recommendations will be distilled through an internal peer review process involving multiple members of the evaluation team.

Outcome Evaluation Work Plan

Client-level outcomes

Sample Questions

- > Do older adults and their families have access to physical and mental health services that are comprehensive and integrated?
- > Are older adults in need of these services being identified?
- > Are older adults and their families actually receiving these services?
- > Are older adults and their families receiving these services in a primary care setting?
- Are services delivered yielding positive outcomes for older adults in the area of symptom reduction?
- > Are services delivered yielding positive outcomes for older adults in daily functioning?
- > Are services delivered yielding positive outcomes for older adults in quality of life?

Possible Data Sources

> Clients Served

- > Services Provided
- Location of Service Provision
- ➤ Mini Mental Status Examination
- Mental Health Symptom Checklists (screening survey & short-form)
- Level of Functioning Scales
- > Fidelity Review
- > CMHS GPRA Client Outcome Measure

Program-level outcomes

Outcome Evaluation Work Plan, continued

Sample Questions

- > Does Centro San Vicente have the capacity to fully address the mental health concerns of its participants and potential participants?
- ➤ Does the *El Paso Community MHMR Center* have the *expertise* to fully address the mental health concerns of its participants and potential participants?
- ➤ How well does the federally qualified health center (FQHC) model address mental health promotion, prevention, and treatment with the full range of eligible participants?
- ➤ Has *Project Focus* resulted in increased engagement in services by older adults and their families?

Possible Data Sources

- Number of Service Providers
- > Types of Service Providers
- Satisfaction and Experience Survey
- > Fidelity Review
- Analysis of MIS Admission / Discharge and Service Delivery Data

System-level outcomes

Sample Questions

- Are El Paso systems and service providers better able to specifically *identify* barriers to quality mental health treatment and services outside of *Centro San Vicente* or the *El Paso Community MHMR Center?*
- Are El Paso systems and service providers better able to specifically *eliminate* barriers to quality mental health treatment and services outside of *Centro San Vicente* or the *El Paso Community MHMR Center*?

Possible Data Sources

- Key Informant Interviews
- Provider Self Evaluation

The evaluation will include local stakeholders and service recipients in the evaluation process. They will consult and be involved with the recruitment, training, and supervision of bilingual, bicultural service recipients and family members to collect data, assist with data analysis, and help interpret level of satisfaction and other data from the evaluation of older adult and family experiences.

PROTECTION OF HUMAN SUBJECTS

To ensure the protection of human subjects, the project will require informed consent to collect, share and utilize data gathered from participants as well as implement security measures to maintain the confidentiality of the data collected. Agreement on the part of service recipients to participate in the program evaluation by having their survey data provided to TriWest Group by Project FOCUS for this purpose is not believed to pose a significant risk to participants. Because the data to be provided to TriWest Group for program evaluation purposes is data that is already being collected for program purposes, any probability of harm or discomfort resulting from data collection is limited to that encountered during the routine service provision process itself. Any additional risks or harm associated

with participation in the evaluation would result from any unintended disclosure of identifiable, personal information by TriWest Group to any unauthorized persons or entities.

In order to safeguard against the consequences of unintended, accidental disclosure of personal information by TriWest Group, all participant data provided by Project FOCUS will not be identified with any participants' names. Rather, unique Project FOCUS-specific identification numbers will be used. Because the documentation of informed consent will identify participants by name (through their signatures), and because the documentation of informed consent will need to include the Project FOCUS identification number of the participant who signed it (in order to know what number-coded records to obtain from Project FOCUS), documentation of informed consent will be sent by Project FOCUS to TriWest Group in a manner that is separate from any participant data (e.g., different mailing on a different day). Once received, TriWest Group will keep paper records of data, removable media with electronic files, and documentation of informed consent in a locked cabinet, in a locked office. Any electronic data files will be password-protected.

All participant data provided by Project FOCUS will not be identified with any participants' names. Rather, unique Project FOCUS-specific identification numbers will be used. Because the documentation of informed consent will identify participants by name (through their signatures), and because the documentation of informed consent will need to include the Project FOCUS identification number of the participant who signed it (in order to know what number-coded records to obtain from Project FOCUS), documentation of informed consent will be sent by Project FOCUS to TriWest Group in a manner that is separate from any participant data (e.g., different mailing on a different day). Once received, TriWest Group will keep paper records of data, removable media containing electronic records, and documentation of informed consent in a locked cabinet, in a locked office. Any electronic data files will be password-protected.

ORGANIZATIONAL CAPACITY

The strength of Project FOCUS is drawn from its closely interconnected partnership among local non-profit organizations, state and municipal entities as well as the older adult population. The project's ability to successfully carry out the proposed Senior Peer Counseling Program is evidenced by its diverse and experienced key staff. Below is a description of the staff members who will be integral to the implementation of the Senior Peer Counseling Program.

Administrative Team at the City of El Paso

Winifred Dowling, MA is the Project FOCUS Principal Investigator. Ms. Dowling serves as Interim Social Services Administrator of the City of El Paso's Department of Community and Human Development. She has earned a Master of Art Degree in Sociology, Gerontology Option, and is a Ph.D. candidate in history at the University of Texas at El Paso. Ms. Dowling has dedicated her professional career to aging services and has garnered over 20 years of experience in working with and coordinating programs for older adults. As principal investigator, Ms. Dowling is responsible for the overall implementation of Project FOCUS.

Gabriela Martinez, BS has served as Project FOCUS Manager since the project began in January 2003. Ms. Martinez earned a Bachelor of Science Degree in Psychology from Tufts

University in Medford, Massachusetts. She has worked in the social services field for more than nine years during which time she cultivated skills in project design, implementation, evaluation and administration. As project manager, Ms. Martinez is responsible for the overall management of the project. In this role, she provides technical assistance and training pertaining to project administration, geriatric mental healthcare and project evaluation adherence to partner agency staff.

Nancy Melendez-Forbes, BS is the Project FOCUS Developer and has served in this capacity since January 2004. Ms. Melendez-Forbes earned a Bachelor of Science Degree in Organizational Management from Mercy College in Dobbs Ferry, New York. She has over 20 years of experience in non-profit administration and management. She is responsible for the design, implementation and evaluation of the project's Wellness Services component. Ms. Melendez-Forbes will spearhead volunteer recruitment and selection activities as well as coordinate training for project staff and volunteers. Moreover, she will monitor evaluation activities carried out by senior peer counselors.

Partnership Staff

Christina Calderon, MA, LPC serves as Operations Administrator of the Central Outpatient Clinic of the El Paso Community MHMR Center. Ms. Calderon earned a Master of Arts Degree in Counseling and Guidance from New Mexico State University. She is a Licensed Professional Mental Health Counselor (LPC) in New Mexico and Texas and a registered Continuing Education Provider for the Social Work and Professional Counselor Boards. Ms. Calderon has served on the Project FOCUS Executive Committee since June 2003. In addition, she serves as liaison between the MHMR Center and project partners, ensures the satisfactory delivery of quality mental health services by supervising the project's two Qualified Mental Health Professionals (QMHP)/Service Coordinators. Ms. Calderon will also hire and supervise the LPC proposed for this project.

Leticia Cervantes, MA, LPCI is a Qualified Mental Health Professional/Service Coordinator with the El Paso Community MHMR Center and has served with Project FOCUS since April 2003. Ms. Cervantes earned a Master of Arts Degree in Counseling from Webster University in El Paso, Texas and she is currently working toward licensure as a professional counselor (LPC). As a QMHP/Service, she assesses the social, mental and medical needs of project participants as well as develops and implements an adequate treatment plan. Ms. Cervantes will be responsible for identifying and referring project participants eligible for Senior Peer Counseling Services.

Karen Soto, MA serves as a Qualified Mental Health Professional/Service Coordinator with the El Paso Community MHMR Center. Ms. Soto earned a Master of Science Degree in Psychology and Community Counseling from Troy State University in Dothan, Alabama. She has over seven years of experience in counseling and mental health service delivery to various populations. Ms. Soto assesses the social, mental and medical needs of project participants and then develops and implements an adequate treatment plan for each older adults. She will also be responsible for identifying and then referring eligible seniors for peer counseling.

Felix Carrion, Ph.D. serves as the project's Clinical Psychologist at Centro San Vicente. Dr. Carrion earned a Ph.D. in Clinical Psychology from The Union Institute and University in

Cincinnati, Ohio. He has been practicing as a clinical psychologist for more than a decade and is licensed in both Texas and New Mexico. In addition to being experienced in providing counseling to individuals and families in one-on-one and group settings, Dr. Carrion conducts psychological testing and neuropsychological screening in Spanish and English. He is also an EEG (electroencephalogram) biofeedback practitioner.

Laura Hemley, LMSW is the Project FOCUS Social Worker at Centro San Vicente. Ms. Hemley earned a Master of Social Work Degree from Arizona State University in Tempe, Arizona and is licensed to practice social work in the State of Texas. She has served as a social worker in the public school system and in a state-administered mental health treatment center. As the Project FOCUS Social Worker, Ms. Hemley assesses and counsels older adults with mild to moderate mental illness, namely depression and dysthymic disorder. She will be responsible for the supervision and weekly support/training of volunteer senior peer counselors assigned to Centro San Vicente.

Milquella J. Otero, LBSW serves as a Social Worker at Centro San Vicente. Ms. Otero earned a Bachelor of Arts Degree in Sociology and Psychology at the Inter-American University of Puerto Rico and is pursuing a Master of Arts Degree in Counseling from Park University in El Paso, Texas. She is licensed as a Social Work Associate in the State of Texas. As a social worker at Centro San Vicente, Ms. Otero conducts mental health screenings for all clients identified by clinic staff as having a potential mental health problem. Ms. Otero will refer clients to Senior Peer Counseling Services as appropriate.

STRATEGIES FOR SUSTAINABILITY

Project FOCUS will implement a two-tier approach to the sustainability of its Senior Peer Counseling Program. These two approaches include:

- 1. Applying for additional federal, state and private foundation grants to continue providing treatment and wellness services to El Paso County seniors; and,
- 2. Identify and train two or three volunteer senior peer counselors through a train-the-trainer approach to take over essential project functions typically carried out by paid staff, e.g., recruitment, training and maintenance of volunteers.

Project administrative staff is working closely with the City's Grants Office and partner agencies to identify possible upcoming funding opportunities. For example, El Paso Human Services, Inc. recently submitted a proposal to the Paso del Norte Health Foundation's Ageless Health Initiative on behalf of Project FOCUS. If awarded funds, this new project partner will provide Family Group Conferencing Services to families of older adults in need of support due to failing health, immobility and isolation. Project FOCUS management is also preparing applications for funding from the Meadows Foundation, Swalm Foundation and Wolsfslager Foundation to continue providing mental health treatment and wellness services to El Paso seniors once current funds awarded to the City of El Paso by the Substance Abuse and Mental Health Services Administration (SAMHSA) expire on September 30, 2005.

The second step in the Project FOCUS sustainability plan includes the project's greatest asset, senior volunteers. Project FOCUS will identify from its volunteer staff two or three seniors who exhibit a high degree of function and program-related experience to carry out

recruitment and training activities. These selected volunteers will be provided with additional training during their first year as peer counselors to qualify them to continue as trainers for future senior peer counselors. Project staff will concurrently work with partner agencies to identify internal funding sources that would cover the minimal cost of professional supervision for the senior peer counselors. Centro San Vicente and the MHMR Center currently employ a number of mental health professionals that may continue to serve as volunteer supervisors once support from the Hogg Foundational from Mental Health has ended. Since supervision of volunteers takes from 10-20 hours per week, it is a function that could easily be carried out during a professional's regular workweek. Actually, volunteers can inherit some of the direct service duties of the professional by taking on clients with mild to moderate symptoms and thereby freeing the professional to care for clients with more complex and severe mental illness. In essence, the time investment the professional makes in supervising a dozen volunteers pays off at least twelve-fold.

Project FOCUS Senior Peer Counseling Program Proposed Budget Year 1 Grant Period (12/01/04 through 11/30/05)

Categories		Hogg		SAMHSA		In-Kind	Total Project			
3	F	oundation	(City		y of El Paso)	El Paso)				
Personnel										
Principal Investigator	\$	-	\$		\$	3,360.00	\$	3,360.00		
Project Manager	\$	4,687.50	\$	32,812.50	\$		\$	37,500.00		
Project Developer	\$	17,250.00	\$	17,250.00	\$	-	\$	34,500.00		
Project Assistant	\$	-	\$	21,320.00	\$	-	\$	21,320.00		
Fringe Benefits										
Principal Investigator	\$	-	\$	-	\$	940.80	\$	940.80		
Project Manager	\$	1,312.50	\$	9,187.50	\$	-	\$	10,500.00		
Project Developer	\$	4,830.00	\$	4,830.00	\$	-	\$	9,660.00		
Project Assistant	\$	_	\$	5,900.00	\$	-	\$	5,900.00		
Travel	\$	1,900.00	\$	2,600.00	\$	-	\$	4,500.00		
Equipment	\$	_	\$	-	\$	5,300.00	\$	5,300.00		
Supplies	\$	2,625.00	\$	2,000.00	\$	750.00	\$	5,375.00		
Contractual	\$	56,860.00	\$	301,600.00	\$		\$	358,460.00		
Other	\$	2,550.00	\$	2,500.00	\$	2,500.00	\$	7,550.00		
Indirect Cost	\$	<u> </u>	\$	-	\$	30,000.00	\$	30,000.00		
Subtotal Year 1	\$	92,015.00	\$	400,000.00	\$	42,850.80	\$	534,865.80		

Project FOCUS Senior Peer Counseling Program Year 1 Budget Detail Narrative

Category			ce per Unit	Qty.	То	tal Category Cost
Personnel	Project Manager - G. Martinez - overall project management, training and technical assistance for project staff	\$	37,500.00	12.5%	\$	4,687.50
ERBOURE CARN- ERBOY WEEK-MEERANEERSK-HAANSE KON SOUND- KAN KON KON KON KON KON KON KON KON KON KO	Project Developer - N. Melendez-Forbes - coordination of volunteer recruitment and retention; staff training and technical assistance; project evaluation oversight	\$	34,500.00	50.0%	\$	17,250.00
Category Tota					\$	21,937.50
Fringe Benefits	Project Manager - G. Martinez - benefits provided to all City employees including health, dental, life and vision insurance, FICA and pension	\$	4,687.50	28%	\$	1,312.50
	Project Developer - N. Melendez-Forbes - benefits provided to all City employees including health, dental, life and vision insurance, FICA and pension	\$	17,250.00	28%	\$	4,830.00
Category Tota					\$	6,142.50
Travel	Peer counseling training, Center for Healthy Aging, Santa Monica, CA to enable staff to train volunteer peer counselors	\$	1,900.00	1	\$	1,900.00
Category Tota					\$	1,900.00
Equipment	None requested				\$	-
Category Tota					\$	-
Supplies	Office supplies (\$600 annually/FTE) - basic office supplies to carry out daily project activities	\$	600.00	0.63	\$	375.00
	Training materials including Senior Peer Counseling Trainer Guide and videos from the Center for Healthy Aging	\$	1,000.00		\$	1,000.00
	Volunteer recruitment incentives - materials used to recognize the achievements of volunteer peer counselors such as mugs, pins, pens and meals	\$	5.00	250	\$	1,250.00
Category Tota					\$	2,625.00
Contractual	Centro San Vicente - please see detailed budget following this page	\$	30,030.00		\$	30,030.00
	El Paso Community MHMR Center - please see detailed budget following this page	\$	26,830.00		\$	26,830.00
Category Tota					\$	56,860.00
Other	Printing/copying costs to carry out daily project activities	\$	500.00		\$	500.00
	Peer counseling services brochure - to enable both the recruitment of volunteers and to inform clients of the services provided	\$	1.50	500	\$	750.00
	Volunteer recognition to help maintain volunteers and reward accomplishments	\$	25.00	12	\$	300.00
	Honoraria for quarterly staff/volunteer training workshop presenters	\$	250.00	4	\$	1,000.00
Category Tota					\$	2,550.00
Total Cost					\$	92,015.00

Project FOCUS Senior Peer Counseling Program Year 1 Budget for Centro San Vicente

Category	Description & Narrative	Pr	ice per Unit	Qty.		Total Category Cost
Personnel	Licensed Mental Health Professional - L. Hemley, LMSW - supervise and train volunteer senior peer counselors assigned to Centro San Vicente	\$	42,000.00	50%	\$	21,000.00 21,000.00
Fringe Benefits	Licensed Mental Health Professional - benefits provided to all CSV employees per Board of Directors approval	\$	21,000.00	28%	\$	5,880.00
Categ	jory Total				\$	5,880.00
Travel	Senior peer counseling training, Center for Healthy Aging, Santa Monica, CA to enable staff to train volunteer peer counselors	\$	1,900.00	1	\$	1,900.00
	Mileage - to enable Ms. Hemley to travel to and from participants homes as needed	\$	0.28	2500	\$	700.00
	ory Total				\$	2,600.00
Equipment	None requested				\$	-
Categ	ory Total				\$	-
Supplies	Office supplies (\$600 annually/FTE) - to enable staff to carry out daily project activities	\$	600.00	0.50	\$	300.00
	ory Total				\$	300.00
Contractual	None					
Categ	ory Total				\$	<u>-</u>
Other	Printing/copying costs to have forms, surveys and other required evaluation documentation available for project staff and volunteers	\$	250.00		\$	250.00
Categ	ory Total				\$	250,00
Total Cost					\$	30,030.00

Project FOCUS Senior Peer Counseling Program Year 1 Budget for El Paso Community MHMR Center

Category	Description & Narrative	Price per Unit	Qty.	Total Category Cost
Personnel	Senior Peer Counseling Coordinator (TBH) - supervise and train volunteer senior peer counselors assigned to the MHMR Center	\$ 37,000.00	50%	\$ 18,500.00
Category				\$ 18,500.00
Fringe Benefits	Senior Peer Counseling Coordinator (TBH) - benefits provided to all MHMR employees per Board of Directors approval	\$ 18,500.00	28%	\$ 5,180.00
Category				\$ 5,180.00
Travel	Senior peer counseling training, Center for Healthy Aging, Santa Monica, CA to enable staff to train volunteer peer counselors	\$ 1,900.00	1	\$ 1,900.00
	Mileage - to enable coordinator to travel to and from participants homes as needed	\$ 0.28	2500	\$ 700.00
Category				\$ 2,600.00
Equipment Category	None requested Total	:		\$ - \$ -
Supplies	Office supplies (\$600 annually/FTE) - to enable staff to carry out daily project activities	\$ 600.00	0.50	\$ 300.00
Category				\$ 300.00
Contractual	None			
Category				\$ -
Other	Printing/copying costs to have forms, surveys and other required evaluation documentation available for project staff and volunteers	\$ 250.00		\$ 250.00
Category	Total			\$ 250.00
Total Cost				\$ 26,830.00

Project FOCUS Senior Peer Counseling Program Proposed Budget Year 2 Grant Period (12/01/05 through 11/30/06)

Categories		Hogg		w Sources of		In-Kind	Total Project			
	Foundation		Funds*		(Cit	ty of El Paso)	Cost			
Personnel										
Principal Investigator	\$	-	\$	3,500.00	\$	3,500.00	\$	7,000.00		
Project Manager	\$	4,875.00	\$	34,125.00	\$		\$	39,000.00		
Project Developer	\$	17,940.00	\$	35,880.00	\$	-	\$	53,820.00		
Project Assistant	\$	-	\$	22,173.00	\$	-	\$	22,173.00		
Fringe Benefits										
Principal Investigator	\$	-	\$	1,000.00	\$	1,000.00	\$	2,000.00		
Project Manager	\$	1,365.00	\$	9,555.00	\$	_	\$	10,920.00		
Project Developer	\$	5,023.20	\$	10,046.40	\$	-	\$	15,069.60		
Project Assistant	\$	-	\$	6,208.44	\$	_	\$	6,208.44		
Travel	\$	-	\$	3,200.00	\$	-	\$	3,200.00		
Equipment	\$	_	\$	2,500.00	\$	5,300.00	\$	7,800.00		
Supplies	\$	2,625.00	\$	2,500.00	\$	750.00	\$	5,875.00		
Contractual	\$	55,108.00	\$	325,000.00	\$	-	\$	380,108.00		
Other	\$	2,550.00	\$	7,500.00	\$	2,500.00	\$	12,550.00		
Indirect Cost	\$	-	\$		\$	30,000.00	\$	30,000.00		
Subtotal Year 1	\$	89,486.20	\$	463,187.84	\$	43,050.00	\$	595,724.04		

^{*} As explained in the sustainability section of this application, Project FOCUS will continue searching for grants funds from federal and state resources as well as private foundations such as the Wolfslager Foundation, Meadows Foundation and Swalm Foundation to continue providing mental health treatment and wellness services for seniors in El Paso County.

Project FOCUS Senior Peer Counseling Program Year 2 Budget Detail Narrative

Category	Description & Narrative	P	rice per Unit	Qty.	То	tal Category Cost
Personnel	Project Manager - G. Martinez - overall project management, training and technical assistance for project staff	\$	39,000.00	12.5%	\$	4,875.00
	Project Developer - N. Melendez-Forbes - coordination of volunteer recruitment and retention; staff training and technical assistance; project evaluation oversight	\$	35,880.00	50.0%	\$	17,940.00
Category Tot					\$	22,815.00
Fringe Benefits	Project Manager - G. Martinez - benefits provided to all City employees including health, dental, life and vision insurance, FICA and pension	\$	4,875.00	28%	\$	1,365.00
	Project Developer - N. Melendez-Forbes - benefits provided to all City employees including health, dental, life and vision insurance, FICA and pension	\$	17,940.00	28%	\$	5,023.20
Category Tot					s	6,388.20
Travel	None requested	\$	_	0	\$	-
Category Tot		Ÿ			S	-
Equipment	None requested				\$	-
Category Tot					\$	-
Supplies	Office supplies (\$600 annually/FTE) - basic office supplies to carry out daily project activities	\$	600.00	0.63	\$	375.00
	Volunteer recognition banquet - to recognize volunteers accomplishments with Project FOCUS (cost of volunteer attendance + guests)	\$	20.00	36	\$	720.00
	Volunteer recruitment incentives - materials used to recognize the achievements of volunteer peer counselors such as mugs, pins, pens and meals	\$	5.00	250	\$	1,250.00
Category Tot					\$	2,345.00
Contractual	Centro San Vicente - please see detailed budget following this page	\$	29,218.00		\$	29,218.00
	El Paso Community MHMR Center - please see detailed budget following this page	\$	25,890.00		\$	25,890.00
Category Tot					\$	55,108.00
Other	Printing/copying costs to carry out daily project activities	\$	500.00		\$	500.00
	Peer counseling services brochure - to enable both the recruitment of volunteers and to inform clients of the services provided	\$	1.50	500	\$	750.00
	Volunteer recognition to help maintain volunteers and reward accomplishments	\$	25.00	12	\$	300.00
	Honoraria for quarterly staff/volunteer training workshop presenters	\$	250.00	4	\$	1,000.00
Category Total					\$	2,550.00
Total Cost					\$	89,206.20

Project FOCUS Senior Peer Counseling Program Year 2 Budget for Centro San Vicente

Cate	gory	Description & Narrative	Pr	ice per Unit	Qty.	С	Total ategory Cost
Personnel	The Concession with reliana & translationarise to write the auditor source 2000 CES 200	Licensed Mental Health Professional - L. Hemley, LMSW - supervise and train volunteer senior peer counselors assigned to Centro San Vicente	\$	43,700.00	50%		1,850.00
Fringe Benefits	Category Total Category Total	Licensed Mental Health Professional - benefits provided to all CSV employees per Board of Directors approval	\$	21,850.00	28%	\$	1,850.00 6,118.00 6,118.00
Travel		Mileage - to enable Ms. Hemley to travel to and from participants homes as needed	\$	0.28	2500	\$	700.00 700.00
Equipment	Category Total Category Total	None requested				\$ \$ \$	
Supplies	Category Total	Office supplies (\$600 annually/FTE) - to enable staff to carry out daily project activities	\$	600.00	0.50	\$ \$	300.00 300.00
Contractual	Category Total	None				\$	
Other		Printing/copying costs to have forms, surveys and other required evaluation documentation available for project staff and volunteers	\$	250.00		\$	250.00
Total Cost	Category Total					\$ \$2	250.00 9,218.00

Project FOCUS Senior Peer Counseling Program Year 2 Budget for El Paso Community MHMR Center

Cate	gory	Description & Narrative	Pr	ice per Unit	Qty.	То	tal Category Cost
Personnel		Senior Peer Counseling Coordinator (TBH) - supervise and train volunteer senior peer counselors assigned to the MHMR Center	\$	38,500.00	50%	\$	19,250.00
Fringe Benefits	Category Total	Senior Peer Counseling Coordinator (TBH) - benefits provided to all MHMR employees per Board of Directors approval	\$	19,250.00	28%	\$	19,250.00 5,390.00
Travel	Category Total	Mileage - to enable coordinator to travel to and from participants homes as needed	\$	0.28	2500	\$	5,390.00 700.00
	Category Total					\$	700.00
Equipment	Category Total	None requested				\$ \$	-
Supplies		Office supplies (\$600 annually/FTE) - to enable staff to carry out daily project activities	\$	600.00	0.50	\$	300.00
Contractual	Category Total Category Total	None			William L	\$	300.00
Other		Printing/copying costs to have forms, surveys and other required evaluation documentation available for project staff and volunteers	\$	250.00		\$	250.00
Total Cost	Category Total					\$	250.00 25,890.00

Attachments

- List of Executive Committee Members
- Job Descriptions of Project Personnel
- Resumes of Existing Project Personnel
- IRB Proposal and Approval Letter
- Proof of IRS Non-Profit Status Determination
- City of El Paso's Most Recent Audit

List of Executive Committee Members (Substituted for Board of Directors Roster)

Project FOCUS Executive Committee

Name	Position Title	Agency	Gender	Ethnicity
Christina Calderon, MA, LPC	Mental Health Operations Administrator	El Paso Community MHMR Center	Female	Hispanic
Winifred Dowling, MA	Interim Social Services Administrator	City of El Paso	Female	White
Edward Espinoza	SALSA Project Coordinator	Rio Grande Area Agency on Aging	Male	Hispanic
Lewie Garcia	Assistant Manager	City-County Nutrition Program	Male	Hispanic
Rosemary Neill	Director, Community & Family Services	County of El Paso	Female	White
Robert Salinas, MSW	Director, Community Development	City of El Paso	Male	Hispanic
Jesús Sanchez, Ph.D.	Evaluator	TriWest Group, LLC	Male	Hispanic
J. Xavier Bañales	Executive Director	LULAC Project Amistad	Male	Hispanic
Laura Mellote, RN	Family/Caregiver Representative		Female	White
John A. Romero	Executive Director	Centro San Vicente	Male	Hispanic
Support Staff				
Gabriela Martinez, BS	Project Manager	City of El Paso	Female	Hispanic
Nancy Melendez-Forbes, BS	Project Developer	City of El Paso	Female	Hispanic
Sandra B. Serrano	Project Assistant	City of El Paso	Female	Hispanic

Job Descriptions of Project Personnel

05/94

Professional and Managerial Branch Planning Group Social Services Series

SOCIAL SERVICES ADMINISTRATOR

Summary

Under direction, manage Community and Human Development Social Services Division through subordinate professional supervisors.

Typical Duties

Plan, administer and coordinate on-going City Community Development social services contracts for programs such as City's Foster Grandparents, Retired Senior Volunteers, Aging Services, S.A.F.E. 2000, and City Accessibility and Americans with Disabilities Act compliance; and social policy projects such as those associated with the Stop the Violence and Homeless Coalitions. Involves: evaluating program and project effectiveness and ensuring compliance with guidelines which includes scheduling and directing visits to inspect grantee agencies and project sites; developing and implementing program improvements and policy changes; developing and coordinating the proposal review process for Community Development social services projects applications; monitoring and ensuring program objectives are accomplished in accordance with grantor agency guidelines and departmental policy; ensuring timely submission of required reports and grant applications; preparing contract program and project budgets and schedules, and approving expenditures; integrating activities of applicable advisory boards; reviewing and approving volunteer training programs.

Analyze social problems and recommend actions and policies. Involves: coordinating establishment and execution of new programs and special projects with other local agencies; preparing and distributing materials regarding programs; preparing and delivering presentations to requesting groups; preparing requested operating budgets in conjunction with program coordinator and reviewing and approving program expenditures; providing technical assistance to sub-grantees to correct problems; reviewing and approving reports and billings for subgrantees, identifying accomplishments and ensuring compliance with program requirements; developing goals, policies and priorities in grant programs.

Supervise assigned social work supervisory, professional and support employees and volunteers. Involves: determining and preparing staff work schedules, and expediting work flow; assigning duties, issuing written and oral instructions and checking work for exactness, neatness, and conformance to policies and procedures; guiding subordinates to overcome difficulties encountered in performing duties; evaluating performance, coaching, and arranging for or conducting training and development activities; enforcing personnel rules and regulations, standards of conduct, work attendance and safe working practices; maintaining supervisor-subordinate harmony and resolving grievances; making recommendations on personnel changes which includes interviewing applicants.

Direct or perform related professional social work and program administration duties as required. Involves: liaising with local, state and federal organizations and agencies; maintaining confidential records and preparing comprehensive analytical reports; pertaining to Division activities and personnel; substituting in other positions during temporary absences to sustain continuity and level of services by performing subordinate duties as qualified or designated duties of own supervisor; maintaining awareness of state-of-the-art social work program management principles and practices.

Minimum Qualifications

Training and Experience: Graduation from an accredited college or university with a Bachelor's Degree in Public or Business Administration, Sociology, Psychology, or a related field and six (6) years of progressively responsible professional social services administration experience including three (3) years in a supervisory capacity, at least one (1) year of which must have involved second level management of a major social work or counseling program, or a significant phase of activity of an agency providing diverse social services; or an equivalent combination of training and experience.

Knowledge, Abilities and Skills: Comprehensive knowledge of: development and administration of social programs; social services theories and methods; and local social needs and agencies providing programs and services to various client populations such as the elderly, disabled and youth; federal, state and local rules and regulations as they pertain to social service programs; functions of social programs and agencies; personnel rules and regulation, standards of conduct and work attendance; management techniques.

Ability to: develop and administer social service programs; enforce and comply with grantor agencies rules and

to lead, motivate, train and evaluate assigned writing in order to maintain records and prepa	rmly, justly and impartially exercise delegated supervisory authority personnel; express oneself clearly and concisely, both orally and in re reports, and prepare and deliver public presentations; establish fellow employees, officials and the general public.
Diversity of December 1	December 2 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to
Director of Personnel	Department Head

Professional and Managerial Branch Miscellaneous Professional Group Community Development Series **GRANTS PLANNER**

11/91

Summary

Under general supervision, coordinates, evaluates and supervises the research, development and implementation of grant projects; performs related duties as required.

Typical Duties

Participates in the planning and research of grants for the City; interprets research data for determining program eligibility; consults with government and private agency officials and community representatives concerning projects; develops project scopes and budgets; coordinates the preparation of grant reports; researches and assists in writing grant applications; reviews agency billings, consultant and contractor billings, audit reports, and other reports; reviews subrecipient activities and expenses for compliance with project scope, contracts and regulations; develops and administers contract requirements for subrecipients; oversees grant-funded contracts.

Coordinates public hearings and meetings; the preparation and distribution of materials for meetings; provides technical assistance to non-profit agencies carrying out grant projects; reviews proposals and makes recommendations for appraisals, reviews other contractual services; analyzes and obtains required permits for grant projects; conducts formal land acquisition proceedings; analyzes project budgets, change orders or scope changes; reviews construction plans and estimates for compliance with project scope, contracts and regulations.

Minimum Qualifications

<u>Training and Experience</u>: Completion of a Bachelor's Degree in Public Administration, Business Administration, or a related field and two years of professional experience in community planning, grants administration, or project management or an equivalent combination of training and experience.

Knowledge, Abilities and Skills: Considerable knowledge of the principles, practices and techniques of planning, research or program administration; considerable knowledge of budgeting techniques; and good business management principles.

Ability and skills necessary to understand and interpret regulations, contracts, manuals, and proposals affecting grant projects; to communicate both orally and in writing; and to maintain effective relationships with others; ability to supervise personnel, as assigned.

Physical Requirements: Mobility within an office and field environment; operation of a motor vehicle through City traffic.

Licenses and Certificates: Texas Class "C" Driver's License or equivalent license issued by another state.

Director of Personnel

Department Head

ATTACHMENT "A"

The "Focus Project Manager" is a position to be created and filled upon award and funding of the Project grant, and will devote 100% of his/her time to Project duties. The City will hire a qualified person under a 1 year, renewable contract, with the position classified as equivalent to a "Grants Planner" for the Department of Community and Human Development. (Job description attached). Key duties of the Focus Project Manager include:

- Convening and supporting meetings of the Coordinating Council, including agenda development, presentations and handouts, follow-up, record-keeping, consumer participation;
- Support the Project Director in administering the Project, including providing SAMHSA with information and tracking reports from Partners;
- Providing local support to the Project Evaluator in carrying out the Evaluation Plan;
- Serving as the primary contact for the Nutrition Program;
- Providing local support to MHMR and consulting experts in conducting trainings for the Project;
- Setting up "Spanish-English Language Workshops;"
- Serve as liaison between the County's Nutrition Program, the City, and the Project.

"Focus Project" - City Of El Paso

- Monitor the Project Timeline and Project Budget for compliance.
- Support the Coordinating Council in strategic planning and grantwriting for Year 2 and 3.
- Draft the City's post-project report, and schedule briefings to the community.

Professional and Managerial Branch Miscellaneous Professional Group Community Development Series **GRANTS PLANNER**

11/91

Summary

Under general supervision, coordinates, evaluates and supervises the research, development and implementation of grant projects; performs related duties as required.

Typical Duties

Participates in the planning and research of grants for the City; interprets research data for determining program eligibility; consults with government and private agency officials and community representatives concerning projects; develops project scopes and budgets; coordinates the preparation of grant reports; researches and assists in writing grant applications; reviews agency billings, consultant and contractor billings, audit reports, and other reports; reviews subrecipient activities and expenses for compliance with project scope, contracts and regulations; develops and administers contract requirements for subrecipients; oversees grant-funded contracts.

Coordinates public hearings and meetings; the preparation and distribution of materials for meetings; provides technical assistance to non-profit agencies carrying out grant projects; reviews proposals and makes recommendations for appraisals, reviews other contractual services; analyzes and obtains required permits for grant projects; conducts formal land acquisition proceedings; analyzes project budgets, change orders or scope changes; reviews construction plans and estimates for compliance with project scope, contracts and regulations.

Minimum Qualifications

<u>Training and Experience</u>: Completion of a Bachelor's Degree in Public Administration, Business Administration, or a related field and two years of professional experience in community planning, grants administration, or project management or an equivalent combination of training and experience.

Knowledge, Abilities and Skills: Considerable knowledge of the principles, practices and techniques of planning, research or program administration; considerable knowledge of budgeting techniques; and good business management principles.

Ability and skills necessary to understand and interpret regulations, contracts, manuals, and proposals affecting grant projects; to communicate both orally and in writing; and to maintain effective relationships with others; ability to supervise personnel, as assigned.

Physical Requirements: Mobility within an office and field environment; operation of a motor vehicle through City traffic.

Licenses and Certificates: Texas Class "C" Driver's License or equivalent license issued by another state.

Director of Personnel

Department Head

City of El Paso

JOB PLACEMENT ANNOUNCEMENT

CONTRACT POSITION

TITLE:

SOCIAL SERVICES PROJECT DEVELOPER

COMPENSATION:

\$33,134.61 - \$48,036.77 (DOQ) * renewable personal services contract with a benefits package.

SCOPE OF DUTIES: The duties of this position include, but are not limited to:

Participate in planning, research development and implementation of program activities such as, but not limited to, those that provide community based services for preserving the mental health of the elderly. Involves: Consult with government and private agency officials, and community representatives to assess needs. Prepare project scopes and budget estimates. Assist in ascertaining availability and writing of grant applications. Interpret data to establish criteria for determining sub-recipient and client eligibility. Perform designated project administration functions. Involves: Review sub-recipient activities for compliance with project scopes, objectives and regulations. Identify gaps in services, review proposals regarding quantity, quality and timeliness of results, and recommend changes to management. Confer with department staff, community agencies, and clients to resolve service delivery problems. Provide technical guidance to non-profit agencies carrying out project services to organize and install approved new or improved services. Act as liaison to local, state, federal, and national organizations preventions service. Perform related incidental professional analytical and administrative duties contributing to the realization of City and department goals as required. Involves: Substitute, as qualified, for coworkers or supervisor during temporary absences by carrying out specifically delegated functions to maintain continuity of normal services. Assist in management or other professional staff by engaging in various special studies and serving on ad hoc committees as assigned. Maintain logs to record activities, and prepare related requested or recurring results and status reports to management and grant funding agencies.

MINIMUM

QUALIFICATIONS:

Bachelor's degree in Public or Business Administration, Social Work, Sociology, Psychology, Health Science or a related field, plus two (2) years of professional experience in social service program development, community planning, grants administration, or project management.

Licenses and Certificates: Must obtain a valid Texas Class "C" Driver's License or equivalent issued by another state by time of appointment.

NOTE:

*This is a grant-funded position where the grant must be renewed annually.

Interested applicants must submit a detailed resume including job functions and salary history to:

Minnie Holguin Human Resources Department City of El Paso Two Civic Center Plaza El Paso, TX 79901-1196 Fax: (915) 541-4220

E-mail: HolguinHR@elpasotevas.gov

Resumes will not be accepted after 4:00 p.m., November 21, 2003

HEARING IMPAIRED PERSONS CALL TDD# 541-4504 FOR EMPLOYMENT ASSISTANCE MONDAY THROUGH FRIDAY 8:00 A.M. TO 5:00 P.M.

AN EQUAL OPPORTUNITY EMPLOYER

In accordance with the Texas Public Information Act, information from your application and/or resume may be subject to release to the public.

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El Paso Community Mental Health/Mental Retardation Center

MH OperationsAdministrator Position/Job Description

Employee Name: Christina Calderon

Working Title: MH Operations Administrator

Supervisor: Chief Operating Officer

Hours of Work: 8:00am-5:00pm Mon-Fri/Flexible as Needed

FLSA Type:, Exempt (according to functions and responsibilities as prescribed by Federal Labor Standards Act)

essential functions.

General Description of Position: Provides administrative supervision to all staff assigned to the Northeast Outpatient Clinic/ East Valley Outpatient/Central Ou clir

Outnotiont	Clinic and responsible for the day to day operation of the clinics in conjunction with Chief Medical Officer and Chief Operating Officer and provides
Outpatient	pervision to assigned staff. Promotes a work environment that encourages teamwork.
	: PMAB Level II, CPR, and First Aid
	e/Certification/ Credentialing: QMHP, Driver's license, Bachelor degree (CW II),
	functions and responsibilities:
	Provides administrative and clinical supervision to MH rehabilitative staff
	Monitors assigned caseload of each rehab staff to ensure that all required paperwork is completed and of satisfactory quality.
	Monitors so that all clinical paperwork meets Medicaid standards.
	Promotes staff awareness of the Center's operating practices
	Maintains a caseload of consumers providing rehab services.
	Meets weekly with assigned staff, individually or in a group, and is available on a daily basis to provide immediate support when clinical
	emergencies occur.
	At a 95% level, all rehab progress notes and treatment plans are submitted within 24 hours of date service was provided. Utilizes data
	verification criteria as a monitoring tool.
	Provides on-going training and monitoring of necessary clinical paperwork and develops plan of improvement when paperwork is below
_	acceptable standards.
	Provides staff with regular updates in regards Center policy and procedures and completes all necessary paperwork.
	Provides administrative and clinical supervision to all unit non-clinical support staff.
	Meets assigned staff routinely to provide supervision and is available to manage day to day issues.
	Provides administrative supervision to nursing staff and Mental Health Technicians. In conjunction with Center Chief Medical Officer
ш	provides clinical supervision for rehab services being provided. Participates with Medical Chief Officer in developing a system which
_	manages medication costs.
	Meets with assigned staff to provide necessary supervision and support. Signs Cp-1's and other administrative paperwork. Confers with
	Medical Director when clinical issues are identified and provides regular training in the completion of necessary paper work.
	At a 95% level, all rehab progress notes and treatment plans are submitted within 24 hours of date of service was provided. Utilizes data
	verification criteria as a monitoring tool.
	Provides on-going training and monitoring of necessary clinical paperwork and develops plan of improvement when that paper work is
	below acceptable standards.
	Monitors Northeast budget and manages any over spending/under spending in each budget category.
	Reviews personnel services schedules and monthly budget sheets to ensure accuracy with expenditures. Develops a plan of correction to
	maintain established budget figures.
Q	Monitors Northeast Outpatient revenue generation to determine how well billing is matching annual revenue projections.
	Reviews monthly revenue reports and makes clinical staff aware of individual monthly revenue outcomes. Develops a plan of correction to
	ensure that targets are met. Supervises billing clerks and participates all meetings dealing with billing.
	Participates in all assigned center-wide meetings and provides input as requested. Attends scheduled meetings as directed.
	Supervises and ensures that unit location is clean, safe, and is clinically appropriate environment.
	Responsible for maintaining building by supervising maintenance budget and safety office
	Participates and supervises administrative claiming. Time studies are completed and submitted as per guidelines and participates in
4	required training on quarterly basis.
r-1	
C .C	Completes assigned duties as directed. Equipment and Materials to be used: Personal vehicle may be used for consumer visits; use of company vehicles when possible.
Specific	Equipment and waterials to be used: Personal vehicle may be used for consumer visits, use of company vehicles when possible to
KSA's:	Knowledge/awareness of service agencies, work in a community setting, work independently, and use good judgment. Ability to communicate
consume	er, employees, and public in a professional manner. Follow oral and written instructions, and ability to set priorities. Ability to communicate
effective	ly verbally and in writing. Ability to follow written and verbal instruction. Ability to count, adds, subtract, multiply, and divide. Ability to
	roblems, to collect data, to establish facts, to and draw valid conclusions. Ability to adhere to articulated policy and procedures.
Educati	on: Bachelor degree
Experie	nce and Training: I year experience in a community setting with knowledge of case management and community resources. Prefer prior
experien	ce in an MH/MR setting. Prefer bilingual English/Spanish. Required valid driver license with safe driving record.
Physical	l activities/Physical demands: Sitting 2/3 of time. Stand, walk, bend, stoop, and kneel, reach with hands and arms, twist at the waist push
and/or p	ull less than 1/3 of time. Lift and carry maximum of 15 pounds less than 2/3 of time, lift and carry 15-44 pounds less than 1/3 of time.
Work e	nvironment: The work environment/physical demands characteristics described here are representative of those and employee encounters
while pe	rforming the essential functions this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the

Senior Peer Counseling Service Coordinator (Project FOCUS) Position/Job Description (EPMHMR)

Supervisor:	: Christina Calderon	
-	Vork: 8:00 a.m5:00 p.m. Monday-Friday/Flexible a	s needed
	e: Exempt (according to functions and responsibilities	
Date of Hir		•
•	escription of Position:	
□] (Provides support and training for volunteer senior proper consumers pertaining to counseling skills, proper at emotions and proper counselor-client interaction and	titude, community resources, dealing with own
	In conjunction with Project FOCUS developer, conseries for new volunteers.	ducts 24-session senior peer counselor training
	Holds weekly support meeting with senior peer couclients.	inselors to ensure quality of services provided to
8	Ensures that required outcome evaluation forms are and progress reports) and maintains client records f	or submission to EPMHMR central files.
	Discusses problem cases with senior peer counselor	
	Maintains volunteer senior peer counselor files and	
	Coordinates with Project FOCUS developer to delivexpressed by volunteers.	ver needed training as deemed necessary and as
	Coordinates with Project FOCUS developer to ensuquarterly project staff training workshops.	are volunteer senior peer counselors attend
	Coordinates with Centro San Vicente Project FOCU for volunteer and paid project staff.	JS staff to provide interagency training activities
	Attends required Project staff meetings as required.	
	Attends required EPMHMR COP staff meetings as	required.
	Represents Project FOCUS and EPMHMR in a prosettings.	fessional and collaborative manner in community
	Completes assigned duties as directed.	
KSAs: Know supervising	Master degree and licensure as a mental health courseledge/awareness of services agencies, community youlunteers, geriatric mental healthcare, and use goe and Training: 1 year experience in community settly resources.	resources, working in community settings, od judgment.
Employee S	Signature	Date
Supervisor S	Signature	Date

Service Coordinator (Project FOCUS) Position/Job Description (EPMHMR)

	and the second s
Supe	rvisor Christina Calderon
IL	roof Work 8 00am-5 00nm Monday-Friday/Flexible as Needed
FLSZ	4 Type: Exempt (according to functions and responsibilities as prescribed by Federal Labor Standards Act)
13	
Gene vocat accep indivi group docur indivi inkin	eral Description of Position: Provides service coordination activities through assistance in accessing medical, social, educational, and other appropriate services that will help the elderly individual achieve quality of life and community participation of table to the individual. The nature of the duties requires timely intervention and recurrent face-to-face contact with the elderly idual, family, and other service providers. This includes performing clinical casework, follow-ups, assessments, rehabilitation in (as needed), timely documentation, and submission of information. Position requires training of new staff and reviewing of mentation. Provides face-to-face contact within 7 days of discharge from a primary State Mental Health Facility; revises the idual treatment plan in the development of a new service plan (transitional phase within 21 days); and prepares a planning and any which clearly indicates the goals and objectives outlined in the Individual Treatment Plan and which is signed by the elderly dual. Uses independent judgment and discretion regarding additional individual needs and need for additional assessments in monitoring. Adheres to SAMHSA grant stipulations and program requirements.
Train	ing: PMAB Level II, CPR, and First Aid
ticem	sure Certification Credentialing: QMHP, Driver's License, Masters Degree (CW III), Temporary LPC
Esseni	tial functions and responsibilities:
_	EDMUMP Performance Contract with DSHS 95% Compliance
	a control of the cont
	Licensure/registration/certification must be maintained at all times.
_	Ensures that each elderly individual is seen at a minimum of every 30 days. Face-to-face contact is usually on a
	weekly basis.
	Initial individual no show rate must not exceed 25%.
	During a six month period, will have 80% of outcome ratings showing maintenance or improvement.
	Designated to be accountable for supporting and assisting identified individuals and legally authorized representative (LAR)
_	in planning, coordinating, and monitoring services and supports. 95% compliance.
	Completes TDAC Uniform Assessments as per MH Community Standards, 95% compliance.
_	Complies with service coordination staff training requirements as TAC and EPMHMR Performance Contract with DSHS.
_	100% compliance.
	Attends Community Partners Project FOCUS meetings on a monthly basis.
_	Participates in various Project FOCUS trainings.
	Completes Project FOCUS required documentation on a monthly basis.
	Maintains open communication with the court system and when possible attends scheduled court hearings to provide court
_	with pertinent information that ensures consumers receive the most appropriate treatment in the least restrictive environment.
	100% compliance
	Provides small group skills training and for the angulic activities for identified individuals as needed. 100% compliance.
_	Participates in identified assigned functions in compliance with and adherence to required federal/state/corporate mandates,

Complies with RTPO no show rate of 20% or less each week.

Complies with COC target. 75% as per DSHS and 95% as per EPMHMR

Ensures all documentation is submitted within 1 working day of service provided

regulations, policies and procedures. 100% compliance. Maintains a flexible schedule to deal with clinical emergencies Participates in the design of unit services and training for staff. Maintains regular communication channels with supervisor. Participates in Medicaid Administrative Claiming Process.

Service Coordinator (Project FOCUS) Position/Job Description (EPMHMR)

Specific Fauipment and Materials to be used. Personal vehicle may be used for consumer visits, use of company vehicle. Some possible KNA's: Knowledge/awareness of service agencies, work in a community setting, work independent: and and 2004 automent. Shift or relate to consumers, employees, and the general public in a professional manner. Ability to follow verbal and written instructions to relate to consumers, employees, and the general public in a professional manner. Ability to follow verbal and written instructions to relate to prioritize. Ability to communicate effectively verbally and in writing. Ability to count, add, subtract, multiply, and divide. Ability to define problems, to collect data, to establish facts, to and draw valid conclusions. Ability to adhere to articulated policy and procedures.

Education: Masters Degree.

Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Experience and Training: I year experience in a community setting with knowledge of case management and community resources. Expe

perform these	
Employee Signature	Date
Supervisor Signature	Date

JOB DESCRIPTION

LICENSED CLINICAL PSYCHOLOGIST - Project FOCUS

Job Title

Exempt Classification Alameda Clinic Location

Social Services
Department

Immediate Supervisor

Hurman Resources

<u>June 2004</u>

V.

Date Approved

2014

Approved By

JOB SUMMARY:

The Licensed Clinical Psychologist is responsible for providing the assessment and treatment of mental illness for the older adult population participating in the Project FOCUS Collaborative. The Licensed Clinical Psychologist aims to reduce psychological distress and to enhance and promote psychological well-being of project participants by applying methods and findings of psychology and psychological theories to enable participants to make positive changes in their lives.

ESSENTIAL FUNCTIONS:

- Work closely with the project's Social Worker/Case Manager and Community Health Advisor.
- Assess a client's needs, abilities and behavior.
- 3. Devise appropriate programs of treatment and monitoring of clients.
- 4. Provide therapy/counseling for difficulties relating to anxiety, depression, social and interpersonal problems.
- 5. Develop and evaluate service provision.
- 6. Maintain all required clinical documentation in a timely manner.

ADDITIONAL REQUIREMENTS:

Performs other related duties as assigned.

KNOWLEDGE, SKILLS, ABILITIES:

- 1. Bilingual, English/Spanish required.
- 2. Knowledge of available community resources.
- 3. Computer literate.
- 4. Possess the personal qualities of empathy, tolerance of stress and ability to recognize own limitations and reactions to difficult situations.

EDUCATION AND EXPERIENCE:

- 1. Doctorate in Psychology required.
- 2. Current Texas license required.
- 3. Clinical experience working with the older adult mentally ill population required.
- 4. Competence in working with people from the Hispanic culture and background preferred.

POSITION TITLE: CLINICAL PSYCHOLOGIST - Project FOCUS

PHYSICAL DEMAND:

Light

DEFINITIONS ARE:

Sedentary:

Requires lifting 10 lbs., carrying small objects.

Light:

Requires lifting 20 lbs., with frequent carrying of up to 20 lbs.

Medium:

Requires lifting 50 lbs, with frequent carrying of up to 25 lbs.

Heavy:

Requires lifting 100 lbs, with frequent carrying of up to 50 lbs.

Very Heavy:

Requires lifting over 100 lbs., such as moving furniture.

CODES:

C=Continuously	F=Frequently	O=Occasionally	R=Rarely
F Standing	E Reaching	R Crawling	
F Sitting	C Handing	R Bending	
E Walking	C Fine Dexterity	R Twisting	
O Lifting	R Kneeling	R Climbing	
O Carrying	R Crouching	<u>Q</u> Balancing	
O Pushing/Pulling	R Foot Controls	<u>C</u> Vision	
<u>C</u> Hearing	<u>C</u> Talking	E Other: Com	<u>puter</u>

WORKING ENVIRONMENT: Category II

DEFINITIONS FOR OSHA WORKING ENVIRONMENT ARE:

Category I: Exposure to blood borne pathogens anticipated for all employees.

Category II: Some employees (vs. all employees) may have exposure.

Category III: Involves no exposure to blood borne pathogens as part of duties.

JOB DESCRIPTION

SOCIAL WORKER III/CASE MANAGER- Project FOCUS

Job Title

Exempt Classification

Director of Social Services

Immediate Supervisor

Human Resources Written By

Approved By

Alameda Clinic Location

Social Services
Department

June 2004 Date

Date Approved

2004

JOB SUMMARY:

Under the direction of the Director of Social Services, the Social Worker III/Case Manager is responsible for providing essential and comprehensive services that address the mental health needs of the older adult population as part of Project FOCUS Collaborative. Provides all aspects of Case Management and Targeted Case Management. Delivers a full array of comprehensive intervention services to include assessments, referrals, information, counseling and crisis intervention.

ESSENTIAL FUNCTIONS:

- 1. Responsible for independently carrying out the following: intake, assessment, planning, service delivery and follow up.
- 2. Assists in providing services to the participants of the Project FOCUS Collaborative in order to insure continuity and quality improvement.
- 3. Works with the Community Health Advisor (CHA) to ensure client access to information.
- 4. Participates as a team member with the project staff to ensure client goals are achieved.
- 5. Works with the Clinical Psychologist and CHA to ensure continuum of education and care.
- 6. Provides basic intervention and follow up services to clients.
- 7. Establishes and expands the network and information base for quality referrals and assistance to clients.

8. Supervises CHA, providing at least an annual evaluation based on performance, including competency assessments.

ADDITIONAL REQUIREMENTS:

Performs other related duties as assigned.

KNOWLEDGE, SKILLS, ABILITIES:

- 1. Bilingual, English/Spanish required.
- 2. Knowledge of program development and implementation.
- 3. Well-developed verbal and written communication skills.
- 4. Computer literate.
- 5. Ability to adapt to flexible hours as necessary to include evening and weekends.
- 6. Ability to establish rapport and relate to the older adult population with mental health problems.
- 7. Ability to work with various community agencies and groups.
- 8. Knowledge of the available community resources.
- 9. Good decision-making skills.
- 10. Ability to work independently.
- 11. Ability to attend to detail, work under pressure, and prioritize multiple projects.
- 12. Must have own transportation, be licensed and properly insured to drive in the state of Texas.

EDUCATION AND EXPERIENCE:

1. Master's Degree in social work, counseling, psychology or related field required.

- 2. Current license in Texas as LMSW-ACP or LPC required.
- 3. Current Texas Driver's License required.
- 4. Two years supervisory experience required.
- 5. Two years clinical practice experience required.
- 6. Two years experience in mental health preferred.
- 7. Experience working with the older adult mentally ill population required.



8031 ALAMEDA AVENUE, * EL PASO, TX 79915 * (915) 859-7545 * FAX (915) 859-9362 13017 PERICO * SAN ELIZARIO, TX 79349 * (915) 851-0999 * FAX (915) 851-6060

JOB DESCRIPTION

Position Title:	SOCIAL WORKER I I/ CASEMANAGER MEDICAL CASE MANAGEMENT		
Grade:	B		
Risk Level:	3		
Date Initiated:	August 30, 1999		
Immediate Supervisor:	Social Services Director		
Approval:			

JOB SUMMARY:

Social Worker II's Primary purpose is to provide essential and comprehensive services that address the psychosocial needs of the health center's clientele. In particular, this includes the provision of all aspects of Case Management services to their respective caseload of the Medical Case Management Program (children between the ages of 1 and 21) and will also include the Targeted Case Management Program (OB patients and infants up to age 1). The Social Worker II will also deliver a full array of comprehensive intervention services to those general clients with an identified need. These direct services include assessments, referrals, information, brief counseling and crisis intervention.

SPECIFIC JOB DUTIES:

- 1. Responsible for independently carrying out the following services of the Medical Case Management Program: intake, assessment, planning, service delivery and follow up for qualified children and their families according to the policies of the Texas Department of Health.
- 2. Assist in the provision of services to participants of the Targeted Case Management program in order to insure continuity and quality assurance.
- 3. Work side by side with Community Health Workers to assure patient's access to health information, and consistency of medical visits.
- 4. Participate in interdisciplinary meetings with providers quarterly to assess patient progress. Work as a Team with providers to ensure clients' goal achievement.



- 5. May work with Community Health Workers to assure the continuum of education, promotion of the clinic through participation in local health fairs and the like, and the retention of patients and newborns.
- 6. Provide basic intervention and follow up services to general clinic clientele resulting from medical provider or self-referrals.
- 7. Consistently expand network and information base for quality referrals and assistance to patients.
- 8. Work as a team member of the Social Services Department to consistently assess progress and determine changes to achieve departmental and clinic-wide improvements. This includes participating in chart audits and other program evaluation surveys.
- 9. Other duties as assigned.

EVALUATION:

A performance evaluation will occur at least annually and will include a competency assessment. The evaluation will be performed by the Social Services Director on the standardized form used by Centro San Vicente and may include other documents the Social Services Director feels is pertinent, evaluating the employee on areas of strengths, weaknesses and goals.

QUALIFICATIONS:

- 1) Preferably a Bachelors in Social Work with a current license in the state of Texas or another degree reflecting similar theoretical knowledge supported by a current Social Worker Associates License from the State of Texas.
- 2) Volunteer or paid experience, preferably, of at least two years in the social services field, providing direct services to clients. Experience in a medical setting preferred.
- 3) Knowledge of and experience in case management preferred.
- 4) Ability to establish rapport and relate to a diversity of clients, families, community agencies and groups.
- 5) Confident in the knowledge of available community resources.
- 6) Excellent judgement and decision making skills
- 7) Independent work style, initiative and resourcefulness.
- 8) Ability to adapt to change.
- 9) Ability to cope with stressful situations.
- 10) Bilingual in Spanish
- 11) Computer literate
- 12) Ability to adapt to flexible hours as necessary to include evenings and weekends.
- 13) Current Texas Drivers License, dependable vehicle and auto insurance.
- 14) Ability to represent the mission of Centro San Vicente and the Daughters of Charity National Health System effectively

PHYSICAL REQUIREMENTS:

Ability to perform essential job functions, with or without reasonable accommodations. Mobility in an office environment. Operate a motor vehicle through city traffic. Lifting approximately 10 pounds, occasionally, for transport of materials for health fairs.

PHYSICAL DEMANDS: SEDENTARY

Definitions are:

Sedentary (requires lifting 10 lbs, carrying small objects)

Light: (requires lifting 20 lbs, with frequent carrying of up to 20 lbs.)

Medium: (requires lifting 50 lbs, with frequent carrying of up to 25 lbs.)

Heavy: (requires lifting 100 lbs, with frequent carrying of up to 50 lbs.)

Very Heavy: (requires lifting over 100 lbs, such as moving furniture)

Codes:	C=Continuously, F=Fr	requently O=Occasionally R=Rarey
Standing	Reaching	Z Crawling
Sitting	Handing	Bending
F Walking	Fine Dexteri	ity Twisting
Lifting	Kneeling	Climbing
Carrying	Z Crouching	Balancing
Pushing / Pu	lling $\underline{\mathcal{L}}$ Foot Contro	ols <u> </u>
Hearing		Other: NOVE

WORKING ENVIRONMENT: Category III

Definitions for OSHA working environment are:

Category I: Exposure to bloodborne pathogens is anticipated for all employees.

Category II: Some employees (vs all employees) may have exposure.

Category III: Involves no exposure to bloodborne pathogens as part of duties.

POSITION TITLE: SOCIAL WORKER III/CASE MANAGER - Project FOCUS

PHYSICAL DEMAND:

Light

Sedentary:

DEFINITIONS ARE:

Requires lifting 10 lbs., carrying small objects.

Light:

Requires lifting 20 lbs., with frequent carrying of up to 20 lbs.

Medium:

Requires lifting 50 lbs, with frequent carrying of up to 25 lbs.

Heavy:

Requires lifting 100 lbs, with frequent carrying of up to 50 lbs.

Very Heavy:

Requires lifting over 100 lbs., such as moving furniture.

CODES:

C=Continuously		F=Frequently	O=Occasionally		R=Rarely
<u>F</u>	Standing	F Reaching	<u>R</u>	Crawling	
<u>F</u>	Sitting	<u>C</u> Handing	<u>R</u>	Bending	
<u>F</u>	Walking	C Fine Dexterity	<u>R</u>	Twisting	
<u>0</u>	Lifting	R Kneeling	<u>R</u>	Climbing	
<u>O</u>	Carrying	R Crouching	<u>0</u>	Balancing	
<u>O</u>	Pushing/Pulling	R Foot Controls	<u>C</u>	Vision	
<u>C</u>	Hearing	<u>C</u> Talking	<u>F</u>	Other: Com	outer

WORKING ENVIRONMENT: Category II

DEFINITIONS FOR OSHA WORKING ENVIRONMENT ARE:

Category I: Exposure to blood borne pathogens anticipated for all employees.

Category II: Some employees (vs. all employees) may have exposure.

Category III: Involves no exposure to blood borne pathogens as part of duties.

Resumes of Existing Project Personnel

Resume of

Winifred Dowling

Home Address:

Office Address;

Office of Aging Services
2 Civic Center Plaza
El Paso, TX 79901
(915) 541-4025
dowlingwx@elpasotexas.gov

Education:

Marymount College, Tarrytown, New York
University of Paris, Paris, France. Degree: Diploma of French Studies, with honors
American University, Washington, DC Graduate courses in Sociology, Public Relations
University of Texas at El Paso, Texas. Master's degree in Sociology, Gerontology Option
University of Texas at El Paso, Texas. Ph.D. candidate in Borderlands History

Experience:

9/15/04- present, City of El Paso, Interim Social Services Administrator

Administers staff of 19; responsible for administration of 42 Community Development Social Services grants, Foster Grandparent Program, Retired and Senior Volunteer Program, Accessibility Office, SAMHSA Project Focus for isolated elders.

5/31/91 – 9/14/04, City of El Paso, Aging Services Administrator

Administered Retired and Senior Volunteer Program with 1,700 volunteers and the Foster Grandparent Program with 155 Foster Grandparents. Staff advisor for the Mayor's Advisory Board on Aging. Successful grant writer for multi-million dollar HUD grant, HOPE for Elderly Independence, AoA Eldercare grant for coalition building of public/private partnerships; Robert Wood Johnson Foundation; Texas Department of Housing and Community Affairs information and referral; Asociacion Nacional Pro Personas Mayores Hispanic Gerontological Trainee; Environmental Protection Agency retired volunteer national demonstration project. Cofounder of ANDA, Area Network for Disabilities and Aging. First Chairperson, annual citywide Martin Luther King, Jr. Food Drive.

Past President, Southwest Society on Aging, 1996.

The Southwest Society on Aging promotes education and advocacy of older adult issues. Membership is predominantly from five southwestern states: Arkansas, Louisiana, Oklahoma, New Mexico and Texas.

1983 - 1991

City of El Paso, Retired Senior Volunteer Program (RSVP), Director

Directed city- and county-wide program of nearly 2,000 senior volunteers working with 120 agencies and non-profit organizations. The El Paso RSVP program tripled in size to become one of the ten largest programs in the country (out of 750 nationwide). Wrote successful grant to bring Senior Companion Program to El Paso. Initiated first Senior Volunteer program in Mexico. Responsible for national pilot programs involving RSVP volunteers including national demonstration project for environmental protection; one of three sites for AARP Minority Initiatives Education Outreach Project; National Significance grant for at-risk youth; Laubach Literacy grant; joint National Significance grant with Foster Grandparents and Senior Companions to target unserved poverty area; Gerontological Society of America Postdoctoral Fellowship Program; Served on board of National Association of RSVP Directors, 1985 - 1991.

1987 - 1989

President, National Association of RSVP Directors

Responsible for professional development of RSVP Directors, resource development for RSVP projects and advocacy for Older Americans as a national resource. The 14-member board represents 600 RSVP projects and over 325,000 RSVP volunteers. Administered the Project PROMPT grant program, a partnership with Exxon and ACTION; published the manual resulting from program. Developed the national agreement with AARP's Volunteer Talent Bank. Developed and wrote reports for the Public Health Services Year 2000 Health Objectives Project and the Federal Council on Aging. Researched, wrote and delivered testimony before three U. S. Congressional Committees. Conducted surveys on volunteer income, project director salaries, and use of computers. Developed and offered computer software to all RSVP projects.

1981 - 1982

University of Texas at El Paso, Teaching Assistant while completing Master's Degree Department of Sociology. Taught undergraduate classes, conducted research, tutored students.

1979 - 1981

Freelance writing, including a book, "Guide to El Paso", travel articles, and a column on aging for *El Paso Weekly*.

1974 - 1979

ACTION, Washington, DC, Indirect Recruitment Manager, Public Affairs

Responsible for all publicity and advertising involving indirect recruitment of Peace Corps and VISTA volunteers nationwide. Manager of direct mail for Peace Corps, VISTA, and Older American Volunteer Programs. Project manager for national classified advertising, research, and television public service spots for RSVP, working with the Advertising Council and National Opinion Research. Acting Chief of Advertising/Communications Operations responsible for staff of 12 and liaison with all regional offices. Coordinated projects with Departments of Agriculture, Labor, Defense, Housing and Urban Development.

1969-1974

Peace Corps and VISTA, Washington, D.C.: Writer/Editor

Initiated national classified advertising for Peace Corps and VISTA and was responsible for entire media strategy. Wrote and edited news articles, feature stories, and brochures. Placed stories in national publications. Wrote radio spots, ads, and direct mail pieces. Gave speeches and talks on voluntarism. Visited VISTA projects around the country and several Peace Corps projects in the Philippines.

1965 - 1969

Washington Magazine, Washington, DC, Copy Editor

Joined the Washingtonian Magazine at its inception. Copy edited all articles, coordinated production schedules. Researched and wrote articles and shorter items.

1960 - 1965

Worked as an Assistant Editor for embassy publications in Washington, DC and Paris, France, as a bilingual secretary in Iran, and editor of a multi-national company publication in Paris.

Publications:

Books: Guide to El Paso, El Paso, Texas: Mangan Books, 1980.

"Voluntarism Among Older Women," in Handbook on Women and Aging, Westport, CT:

Greenwood Press, 1997.

Newspaper column: "Senior Almanac" for El Paso Weekly, 1981.

Journal articles Journal of Gerontology, 1987 (co-author)

Journal of Nursing Administration, 1993 (co-author)

Etudes internationales sur l'education au troisieme age, Univ. of Geneva, 1999

Journal of Industrial Engineering Design, 2000, Industrial representative

International Journal of Industrial Ergonomics, 2003 (co-author)

Experimental Aging Research, 2004 (co-author)

Manuals: "City Services to Older El Pasoans", 1989

"Older El Pasoans in the Year 2000", 1990, 2000

"Volunteers and the Environment: How to Manual for Ground Water Protection Projects",

1992 (editor).

"Educator Outreach Project Guide", (co-author), American Association of Retired Persons,

1997.

Author, magazine and newspaper articles, book reviews, and brochures on voluntarism, aging, health and history. Newsletter editor for local, regional and national newsletters.

Presentations:

Congressional testimony: U.S. Senate Special Committee on Aging; U.S. Senate Subcommittee on Children, Family, Drugs, and Alcoholism, Committee on Labor and Human Resources: U.S. House of Representatives Subcommittee on Human Resources, Committee on Education and Labor.

International: "Coping with Social Change: Programs that Work." Acapulco, Mexico; World Congress of Gerontology, Acapulco, Mexico; First Japan Volunteer Festival International Symposium, Kobe, Japan; Japan College of Social Work, Tokyo; World Congress of Gerontology, Budapest, Hungary; Ministry of Health and Welfare, Tokyo and Kanazawa, Japan; Third Age Learning International Studies, University of Geneva, Switzerland (in French), Fourth Global Conference on Aging, Montreal, Canada (in French). IAVE World Volunteer Conference, Amsterdam, The Netherlands.

National: American Society on Aging, the National Council on Aging, ACTION, Society for the Study of Social Problems, Association for Gerontology in Higher Education, Federal Council on Aging, U.S. Public Health Service Year 2000 Health Objectives Project, Environmental Alliance for Senior Involvement, National Senior Service Corps, Generations United.

Region/state: Southwest Society on Aging, ACTION regional conferences in Texas, Louisiana, Oregon, Connecticut, Missouri, California, New York, Washington, DC; regional environmental conferences in Texas, Mississippi, Washington, DC. State conferences on aging in Texas, New Mexico, Delaware. History conferences in New Mexico and Arizona.

Academic:

Taught university classes in sociology while completing master's degree. Taught El Paso Community College courses 1990-1996 in "Social Policy and Programs for the Aged" and "Chronic Illness". Developed curriculum and taught, "The Aged Life Cycle and Chronic Illness." Currently teach American History at the University of Texas at El Paso.

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Awards/Honors:

City Council of El Paso, contribution to creating Sister City RSVP project in Ciudad Juarez, Mexico, 1988 Selected for first class of National Leadership Institute on Aging, Denver, Colorado, 1989.

Chosen as one of four Americans for Health and Social Services Foreign Expert

Exchange Program, Japanese Ministry of Health and Welfare, 1997.

KVIA-TV Person of the Week, 1998

Invited by Governor of Ishikawa, Japan to conduct seminars on senior voluntarism, 1999
International Borderlands Cultural Award, second prize, Ciudad Juarez, Chih., Mexico, 2000
Univ. of Texas at El Paso/New Mexico State University Phi Alpha Theta History award, first prize, 2002

Named Follow, Southwest Society on Aging, 2001

Named Fellow, Southwest Society on Aging, 2001

Howard University/University of Texas at El Paso Doctoral Seminar, 2001

Editorial Boards:

Southwest Journal on Aging, Appalachian State University, North Carolina
The Older Learner, Older Adult Education Network, American Society on Aging, California.

Videos:

One-half hour television documentary by NHK, the Japanese national broadcasting network, 1991. Also featured at Japan's national aging conference.

"Helping Hands," AARP documentary on senior volunteer projects, 1992. Featured at biennial AARP Conference, San Antonio, TX and World Congress of Gerontology, Budapest, Hungary.

"Protecting Texas Ground Water" The Volunteer Approach," Texas Water Commission, 1991. Featured at U.S. Association of Counties, Washington, DC, American Society on Aging, San Francisco, CA Congress of Gerontology, Budapest, Hungary.

Professional Affiliations:

President, El Paso Council of International Visitors

Delegate, Presidents' Summit for America's Future, Philadelphia, PA

Past President, Southwest Society on Aging

Past President, ANDA El Paso (Area Network for Disabilities and Aging)

Past President, National Association of RSVP Directors

Past President, Society for Professionals in Aging Of Far West Texas

Leadership Council, LEARN, American Society on Aging, San Francisco, CA

Founders' Committee, University of Texas at El Paso Center for Lifetime Learning

Staff Advisor, Mayor's Advisory Board on Aging

Leadership El Paso Alumni

Executive Forum, El Paso

University of Texas at El Paso Center for Aging committee member

Member, SALSA (Successful Aging through Long-term Strategic Alliances)

American Historical Association

Phi Alpha Theta

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GABRIELA MARTINEZ

EDUCATION

Tufts University, Medford, MA

Bachelors of Science in Psychology, received May 1994

University of Texas at El Paso, Division of Professional & Continuing Education, El Paso, TX

Certificate of Completion in Supervisory Development, received June 1999

PROFESSIONAL EXPERIENCE

Grants Planner-SAMHSA Project Manager, City of El Paso, Community & Human Development Department, El Paso, TX; January 2003 – Present

- Manage overall operations of Project FOCUS, which includes project design and service implementation, development and monitoring of data collection methods, preparation and submission of required reports and funding applications, and budget development/management
- Administer annual grant budget of \$400,000 including oversight of three subcontractors
- Supervise, collaborate with, and maintain communication with project staff to ensure accomplishment of project goals and objectives
- · Coordinate advisory committee and project staff meetings as well as skill development workshops, training, and technical assistance

Development Associate, American Heart Association - Texas Affiliate, El Paso Division, El Paso, TX; January - September 2002

- Supervised, collaborated with, and maintained communication with over 50 volunteers to organize events and accomplish fundraising goals using American Heart Association "Best Practices"
- Developed sponsorship proposals and correspondence to assist volunteers in requesting corporate sponsorship and donations
- Coordinated media coverage of events with local television and radio stations, and when appropriate with corporate sponsors
- Managed overall logistics for events to include, but not limited to: negotiating contracts and identifying/coordinating with vendors

Director, Community Education, Outreach & Training, Planned Parenthood Center of El Paso, El Paso, TX; December 1994 – December 2001

- Managed overall operations of Community Education, Outreach & Training Services Department, which included project design, implementation, quality assurance/monitoring of data collection and program services, preparation and submission of required reports, and budget development and management of federal, state, and private foundation grants
- Recruited, hired, and supervised staff of seven project coordinators and community educators
- Conducted fundraising and grant writing for all department projects and services
- Designed and conducted community education presentations and training on topics related to adolescent health, teen pregnancy prevention, family dynamics, and reproductive health
- Developed, edited, and published educational and public relations materials for department and agency
- Developed and implemented marketing campaigns to promote department and agency services; served as spokesperson for department

OTHER EXPERIENCE

Chair, Tufts Alumni Admissions Program - El Paso Committee; May 1994 - Present

Perform local recruitment activities such as college fairs, school visits, and interviews of prospective students

Chair, Information and Educational Materials Review

Education Representative, Family Planning Advisory Committee (FPAC), Texas Board of Health, Austin, TX; December 1999 – August 2003

- Appointed by the Texas Board of Health to serve as advisor to the Texas Department of Health's Family Planning Program
- Committee was abolished as of September 1, 2003, due to State budget cuts
- Served as Chairperson of the Information & Educational Materials Review Committee, a subcommittee of the FPAC

HONORS

Star Communicator Award, Public Relations Society of America - Rio Grande Chapter: Fall 2000

Awarded in recognition of public relations work for a professional not working in the public relations field

Senior Award, Tufts University Alumni Association; April 1994

Awarded in recognition of academic excellence, outstanding student leadership, loyalty, and service to alma mater

SKILLS

Languages: Speak, read and write Spanish and English fluently; experience with spoken and written translation Software: Microsoft Office 2000, Microsoft Word, Excel, Publisher, PowerPoint, Outlook, WinFlow, Visio, Explorer, Internet, e-mail

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Nancy Melendez-Forbes

EXPERIENCE:

City of El Paso Community Development, Project FOCUS

01/04-present

Grants Planner - Project Developer

- Design and monitor Wellness Component of mental health integrated program funded by SAMHSA.
- Developed component's evaluation, service determination and treatment plan
- Coordinate training on issues affecting the elderly
- Supervise component's staff and meet frequently for case reviews, identify and resolve problems and brainstorm; grant writing
- Team-based approach in the development of a Resource Handbook for Older Adults, to be used by
 professionals, caregivers and non-professionals, that addresses issues affecting the elderly, promotes
 Successful Aging practices and provides preventive and healthwise tips

City of El Paso Police Department, El Paso, Texas

03/03-01/04

Grants Coordinator

- Managed grants for the department
- Researched and located grants suitable for the department's mission
- Wrote and re-wrote grants as needed
- Reviewed and prepared grant applications for city council review and approval
- Submitted on-line grant applications and requested grant extensions as required
- Met with staff on grant development issues
- Liaison with city attorney's office and department as related submission of grants
- Interacted with local, state and federal agencies.

Bronx Community College, Bronx, New York Displaced Homemaker Program

1997-2001

Vocational Ed Coordinator/Employment Specialist

- Curriculum development and implementation
- Supervised instructors; monitored vocational components and student progress; interviewed, tested and conducted student assessment
- Developed educational plans
- Identified employer needs and provided linkages and access to program students
- Assisted students with resume development
- Originated and helped establish first Student Educational and Workforce Development Resource lab for Continuing Ed. Department at host college
- Facilitated a network of workforce development specialists involving the host college, local CBOs and businesses.

Bronx Community College, Bronx, New York Continuing Ed/Community Services

1991-1996

Project Administrator/Instructor

- Designed, developed, implemented and supervised four funded programs in the course of 4 years:
 Family Day Care Entrepreneurial Training Program; JTPA Pre-GED Program; Pre-Health Training Program:
 NYS Ed. Occupational Training Program.
- Hired and supervised staff and teachers; recruited, assessed and registered students
- Originated and incorporated independent studies and research projects into curriculum design
- Scheduled classes, workshops and staff development training
- Prepared reports to HRA, NYS State Education, Dept. of Labor and NYCHA
- Conducted job development workshops, marketing, development of business documents, interviewing techniques, job-retention strategies
- Instruction in typing, office skills, customer relations and word processing
- Helped design and implement the model for the integration of basic skills with occupational skills for the State Education Department, which was instrumental in the development of a contextualized curriculum for the Adult Basic Skills Programs in City University of New York

Drug Enforcement Administration, New York, New York 1991 - 1993 Independent Consultant/Translator/Transcriber Westchester Hispanic Coalition, Inc. White Plains, New York 1989 - 1992 Executive Director Overall agency administration Hired and supervised agency and program staff Budget management and accounting Negotiated for donated office equipment and supplies from local corporations Identified sources of funding; community outreach; interaction with local legislators and community Successful contract negotiations and grant writing, securing funds totaling \$315,000 for a one-year budget. Bronx Community College, Bronx, New York 1981-1989 Assistant to Director, Office of Special Programs Coordinated trips for program participants Assisted in budget preparations and adjustments Interpreted personnel policies and procedures to staff Supervised clerical staff **EDUCATION:** 1998-2001 Mercy College, Bronx, New York Bachelor of Science in Organizational Management Magna Cum Laude/Departmental Honors Hunter College, CUNY, New York, New York 1997-1998 Liberal Arts 1979-1981 Monroe College, Bronx, New York A.S. in Secretarial Studies/Office Administration GPA 3.75, Dean's List (3 semesters) **VOLUNTEER:** Present First Baptist Church of Canutillo

Finance Secretary, Council Member, Sunday School Teacher

Bronx Baptist Church, Bronx, New York 1999-2000 Vacation Bible School Chairperson

CONSULTANT: 05/97-10/97

Citizen's Advice Bureau, Bronx, New York

Designed and developed curriculum for Family Day Care Entrepreneurs in Spanish and English. Presented workshops on curriculum model and content to monolingual Spanish and English Family Day Care providers.

ACCOMPLISHMENTS/INTERESTS/ACTIVITIES:

Co-coordinator of "Latinos in NY Panel Discussion"; Co-coordinator of Hispanic Heritage Day in Valhalla, NY; Initiated, implemented and popularized Tenant's Rights Workshops in Spanish throughout Westchester county; Initiated and organized the first "Job Fair for the Hispanic Non-Professional" in Westchester with an attendance of over 600 people and covered by the local media. Provided testimony for the Governor's Office Women's Advisory Board on budget cuts and its effect on women and children; Invited panelist and consultant on Cable Channel 26 on issues concerning the Hispanic community in Westchester. Successful implementation of a contextualized curriculum; featured in Westchester County Women's newspaper "40 Women under 40"

CURRENT MEMBERSHIPS:

Paso del Norte Business and Professional Women's Association; Director, Downtown El Paso Optimist Club; member of Area Agency on Aging's SALSA Informal Support Systems Committee; co-chairperson for the Active Aging Collaborative promotions committee.

FORMER AFFILIATIOINS:

Association of Equality and Excellence In Education; Unity & Strength-Minority Organization; Former member Project Share--food distribution organization; former member Task Force for CHOW (Coalition for the Homeless of Westchester); Co-chair of the Office for the Aging Hispanic Conference Committee; Chairperson for the City of White Plains Youth Bureau Hispanic Conference Committee; Co-coordinator of the HUD Interagency Council for the Homeless Region II Conference; Former Executive Board Member of the Portchester Hispanic-American Federation; Former Board Member of the Westchester Coalition for the Youth.

Christina Alicia Calderon

Education/Certifications/Areas of Knowledge

Master of Arts in Counseling and Guidance, New Mexico State University, Las Cruces, NM, May 1995, GPA: 4.0/4.0.

Bachelor of Science in Psychology, minor in Sociology, Texas Christian University, Ft. Worth, TX, May 1992, GPA: 3.0/4.0.

Certification: Licensed Professional Mental Health Counselor (LPC) in New Mexico and Texas. Continuing Education Provider for the Social Work and Professional Counselor Boards. Certified in the administration and interpretation of the SASSI and the CFARS. Certified in the administration of the TRAG.

Bilingual: Spanish (good).

Professional Experience

Operations Administrator, El Paso MHMR-Central Outpatient Clinic, El Paso, TX, June 2003-present.

- *Oversee the day to day operation of a clinic whose population exceeds 2100 consumers.
- *Oversee the operation of a \$1.2 million dollar budget.
- *Manage, train and provide clinical supervision to QMHP-CS's and CSSP's, support staff and medical staff.
- *Prepare and provide status reports to the COO daily, weekly and monthly on matrix requirements, target compliance issues, and budget issues with regard to revenues and expenses.
- *Authorize rehabilitation services for EPMHMR consumers.
- *Facilitate Clinical Review Panels for clinic staff on a biweekly basis.
- *Facilitate the Family and Psycho-Education Committee at EPMHMR.
- *Coordinate the provision of services to the elderly population through the SAMHSA Grant.
- *Oversee the SAMHSA Grant budget of \$100,000 and revise yearly as needed.
- *Attend weekly management and peer review meetings.
- *Periodically provide community members and organizations with training on the various services EPMHMR delivers.

EPMHMR Court Liaison, EPMHMR-El Paso Psychiatric Center, El Paso, TX, June 2000-June 2003.

- *Participated in Mental Health Probate Court Hearings twice a week.
- *Provided testimony during court proceedings as needed.
- *Coordinated discharge planning for consumers placed on Mental Health Commitments through the Probate Court.
- *Participated in weekly multidisciplinary treatment team meetings at the El Paso Psychiatric Center.
- *Coordinated inter-facility state hospital transfers for consumers (i.e. transfer from EPPC to BSSH).
- *Prepared and provided status reports to CMO daily and weekly on consumer hospitalizations, recidivism rates, and average length of stay in the hospital.

Family Therapist, Alliance Adolescent Pointe Residential Treatment Center, Santa Teresa, NM, February 2000-April 2000.

- *Provided therapy to adolescents and their families.
- *Completed assessments, clinical reviews, and treatment plans in accordance with third party payer time frames.
- *Coordinated and facilitated multidisciplinary treatment team meetings on a biweekly basis.
- *Collaborated with various community agencies (i.e. CPS) to provide wrap-around services to adolescents and their families.

Youth Services Coordinator (Behavioral Health Unit), Aliviane, Inc., El Paso, TX, December 1999-January 2000.

- *Managed, trained and provided clinical supervision to counselor interns and support staff in accordance with ACTI and TCADA mandates.
- *Coordinated provision of services to billing entities and ensured all documentation was in compliance.
- *Prepared and presented status reports to the Associate Deputy Director on matrix requirements.
- *Provided therapy to adolescents.

Christina Alicia Calderon

Family Therapist/Qualified Credentialed Counselor Team Leader, Aliviane, Inc., El Paso, TX, September 1999-December 1999.

- *Provided clinical supervision to counselor interns in accordance with ACTI and TCADA mandates.
- *Provided clinical training to staff on chemical dependency in accordance with TEMSATI regulations.
- *Provided individual and group therapy to adolescents and their families.

Therapist II, Southern New Mexico Human Development, Inc., Anthony, NM, August 1998-August 1999.

- *Provided individual, group and family therapy to adults and children in an outpatient, school, and home setting.
- *Provided 24 hour on call service and community crisis intervention on a rotating basis.
- *Maintained accurate clinical records in accordance with Medicaid and the Department of Human Services mandates.

Home Edge Clinician, Adams Community Mental Health Center, Inc., Denver, CO, January 1997-July 1998.

- *Provided intensive family systems therapy to adolescents who were at moderate to high risk for psychiatric hospitalization or placement in a more restrictive setting.
- *Provided 24 hour crisis intervention services to clients on caseload.
- *Maintained accurate clinical records in accordance with Private Insurance, Medicaid and the Department of Human Services mandates.

Family Therapist, Families and Youth, Inc., Las Cruces, NM, August 1995-December 1996.

- *Provided therapy to adolescents and their families who were at high risk for entry into or involvement with CPS, JPD or Tribal Social Services.
- *Provided 24 hour on call service and community crisis intervention on a rotating basis.
- *Maintained accurate clinical records in accordance with Medicaid and the Department of Human Services mandates.

Psychology Assistant, Ft. Worth State Center, Ft. Worth, TX, November 1992-August 1993.

- *Implemented behavior modification programs for the mentally retarded.
- *Trained staff on various behavior modification techniques.
- *Prepared and presented reports at interdisciplinary team meetings.

Family Consultant, Ft. Worth State Center (Early Childhood Intervention Program), Ft. Worth, TX, July 1992-November 1992.

- *Provided services to families with children (ages birth to 3 years) who suffered from developmental delays/disabilities.
- *Scheduled and facilitated all IFSP meetings for clients on caseload.

Other Experience

Student Extern, Mesilla Valley Hospice, Las Cruces, NM, May 1994-May 1995.

*Provided hospice patients and their families with therapy.

Research Assistant, Child Development Project, Texas Christian University, Ft. Worth, TX, May 1990-May 1992.

*Analyzed data formulated in a multidisciplinary, longitudinal research project on child development within the family unit and on parent-child relationships.

Teaching Assistant, Child Psychology Course, Texas Christina University Department of Psychology, Ft. Worth TX, Spring 1991.

Volunteer Work, Presbyterian Night Shelter (Homeless Shelter), Ft. Worth, TX 1990-1991; Arthritis Foundation, Ft Worth, TX 1989; The Community Outreach Center, Ft. Worth, TX 1988-1989.

Conference Presentations

Mason, J.A. and Calderon, C.A (April 1991). <u>Life after the strange situation: Attachment in the preschool years.</u> Southwestern Psychological Association. New Orleans, LA.

Mason, J.A. and Calderon, C.A. and Cross, D.R. (March 1992). <u>Representations of attachment:</u> <u>Children's responses to a story completion task.</u> Southwestern Society for Research in Human Development, Tempe, AZ.

References

References will be furnished upon request.

Objective

To find a position in which my skills and education can be best utilized.

Work History

El Paso MHMR 1601 Yandell El Paso, TX 79902 (915)887-3410 January/2000-present

Service Coordinator III

(Project Focus)

- •Collaborated with the City of El Paso, El Paso County Nutrition Program, LULAC, and Centro San Vicente to identify targeted population and seek resources
- •develop a treatment plan outlining services for geriatric(65+) population
- •Provide service coordination activities through assistance in accessing medical, social, educational, vocational, and other appropriate services that will help the elderly individual achieve quality of life and community participation acceptable to the individual.
- •Provide psychosocial rehabilitative services to include: symptom management, medication education, and skills training in order to promote the individual's ability to develop and maintain social relationships, occupational, or educational achievement.
- •generated monthly reports to track outcome of services provided

Rehabilitation Specialist

(Central Outpatient Clinic)

- •Develop treatment plans
- •Provide rehabilitation services to adult (18+) population that include individual and group sessions in the areas of: symptom management, medication education, and skills training.

Caseworker II

(Central Outpatient Clinic)

- •Provide service coordination to geriatric population to link with community resources
- •Provide rehabilitation services to geriatric population to include: socialization, symptom management, and community living skills.

Education

MA Counseling, Webster University, 2000-2003 BA Psychology, UTEP, 1994-1997

Leticia Cervantes

Skills/Training

Bilingual: English, Spanish Computer: Microsoft Word

Volunteer: Katja Epilepsy Foundation

Conferences: Family Conferencing, Cultural Sensitivity training, court proceedings, conferences

on depression, REBT with Albert Ellis, conferences on play therapy

Licenses and Certificates

QMHP, CPR, First Aid

OBJECTIVE

To obtain a challenging and rewarding position within a professional organization that will integrate my diverse skills in a team oriented framework; to enhance my experiences and knowledge in reach of helping others.

EMPLOYMENT

RACIAL JUSTICE/TRAINING DIRECTOR YWCA EL PASO DEL NORTE REGION

YEARS EMPLOYED: 9/03-3/04 El Paso, Texas 45-50 hrs. per week

I coordinated and facilitated training modules to YWCA employees and community in Racial Justice Mission, Racial Justice Core Values and Appreciation for Diversity with Attitudes of Difference Program. I assisted in creating an in house facilitator team. I researched and developed one new funding source to support program materials and initiatives of Racial Justice and Community Leadership programs. I prepared proposal for Racial Justice Institute space, exhibits to be housed at the Holocaust Museum. I developed a website for the Racial Justice component of the YWCA. I selected and ordered appropriate materials for Racial Justice resource and coordinated Staff and Community Leadership seminars.

PROGRAM DIRECTOR

YWCA DEL NORTE REGION

YEARS EMPLOYED: 12/02-9/03

El Paso, Texas 45-50 hrs. per week

Major duties included to hire, supervise, counsel and terminate employees. Train new and tenured employees to ensure compliance with standards, resolution of deficiencies, improve overall After School Program quality and staff development. Evaluate Directors on objective performance. Manage programs, including facilities, staff development, curriculum, staffing, financial record keeping, budget, operations, review time cards, reports, and documents related to program, grants and funding sources.

THERAPIST

RAMSAY YOUTH SERVICES

YEARS EMPLOYED: 7/01-3/02

Dothan, Alabama 45-50 hrs. per week

I performed mental health assessments to develop appropriate interventions using the DSM-IV and related instruments to provide therapeutic baselines for adolescents with behavioral problems, mental health disorders and substance abuse issues in a residential treatment facility. I provided therapy sessions in the following areas: individual, family, and group. I provided linkage to community agencies within the state and outside the state to ensure appropriate aftercare programs as needed. This position involved extensive case management services. My involvement was active in treatment team planning to ensure continuity of patient care and follow up. I maintained accurate and appropriate documentation using standard operating policies of the facility.

TEACHER AIDE

EAST GATE ELEMENTARY SCHOOL

YEARS EMPLOYED: 8/00-5/01 Ozark, Alabama 40 hrs. per week

I provided one on one services for an aggressive, emotionally conflicted student who has learning disabilities and behavioral problems. I used behavior modification techniques, charting daily behaviors to show a decrease in maladaptive behaviors in addition to rate of positive reinforcers.

ADULT CASE MANAGER

LIFE MANAGEMENT CENTER

YEARS EMPLOYED: 11/99-4/00 Bonifay, Florida 40-50 hrs. per week

Major duties included home visitations to ensure client resided in an environment conducive to encouraging independence and safety; face to face visits in an office setting to foster self motivation and responsibility; medication monitoring, ensuring access to needed services to provide linkage to community agencies; provided emergency services to evaluate clients' mental status for possible hospitalization; counseling referral, or case management services as applicable; developed service plans, treatment plans and actively participated in treatment team meetings to ensure continuity of care for adults with severe mental health disorders in

compliance with Medicare/Medicaid of Florida and Life Management Center of Northwest Florida while providing required documentation.

ADULT CASE MANAGER SOUTH CENTRAL ALABAMA MENTAL HEALTH BOARD

YEARS EMPLOYED: 10/97-10/99 *Andalusia, Alabama* 40 hrs. per week

I provided case management services to adults with severe mental health disorders. I also provided 2 life skills group per day and held 1 therapeutic group session per day using appropriate theories and techniques. As a Mental Health Technician my responsibilities included transporting clients from their residence to and from the Day Treatment setting in addition to scheduled day trips.

SPECIAL PROJECTS

YEARS EMPLOYED: 9/93-9/97

FORT RUCKER MAIN EXCHANGE

Fort Rucker, Alabama 40 hrs. per week

Major duties included visual merchandising, customer service, cashier, and providing employee training in diversity.

SUBSTITUTE TEACHER
DEPARTMENT OF DEFENSE
DEPENDENT SCHOOLS

YEARS EMPLOYED: 2/91-10/92 Bitburg, Germany 25-35 hrs per week

I conducted classroom instruction using modern professional teaching principles, practices and techniques appropriate to the subject matter or grade level of assignment. Assessed students and developed individual learning programs for students with learning difficulties. I exercised continuous surveillance over the educational welfare of assigned students by working with the school counselors in resolving learning and behavioral problems of students. I maintained individual and class records charting progress. I developed, implemented, and organized long range plans and daily class work in a manner that ensured adequate coverage within the time frame allotted for the discipline content and skills required in meeting approved course outlines and curriculum objectives.

EDUCATION

MASTER OF SCIENCE PSYCHOLOGY/COMMUNITY COUNSELING TROY STATE UNIVERSITY YEARS ATTENDED: 1998-01 Dothan, Alabama

BACHELOR OF SCIENCE
PSYCHOLOGY/SOCIOLOGY/BUSINESS
Troy State University

YEARS ATTENDED: 1995-98 Dothan, Alabama

SKILLS

- YWCA, El Paso, Texas 2003: Labor and Employment Law, High Scope Curriculum, What is Autism?,
 What are Seizure Disorders, Nutrition Education Training, Leadership Seminar
- Gulf Coast Community College, Florida, 1999: Cultural Competence; Universal Precautions; HIV To Aids Update
- State of Alabama Certified Case Manager: 1998
- Customer Service Training: Fort Rucker, Alabama 1997
- Art of Customer Service: Fort Rucker, AL, 1995
- Private Type: Fort Rucker, AL, 1995
- Certified Diversity Trainer: Fort Rucker, AL, 1994
- Department of The Army Customer Service Seminar: Fort Dix, NJ, 1987
- Family Child Care Conference: Germany, 1985
- Supervisor Training: Fort Dix, NJ, 1984
- Excel, Microsoft XP, Microsoft PowerPoint, Microsoft Word

AWARDS:

Certificate of Professional Achievement Award: Fort Rucker, AL, 1993 Department of The Army Certificate of Achievement: Germany, 1985 Lifetime Member of The Border Region: Germany, 1985.

FELIX CARRIÓN PhD

POSITION DESIRED AND QUALIFICATIONS

To provide psychological and mental health services in various forms of interventions including Ericksonian and brief, and cognitive/behavioral approaches for individuals, groups and families. The use of cognitive-behavioral techniques for compulsive behaviors, anxiety/depression, behavioral problems in children, adolescents and adults, within their family system. Psychological testing and neuropsychological screening in English and Spanish. EEG biofeedback practitioner.

EDUCATION

Ph.D. in Clinical Psychology, The Union Institute and University, 440 East McMillan, Cincinnati, Ohio, 45206, November, 1994.

Masters in Arts in Art Therapy, Goddard College, 123 Pitkin Road, Plainfield, VT, 05667, May 1978 to August 1979.

Keene State College, University of New Hampshire, Undergraduate courses in psychology, September 1977 to May 1978, Keene, NH

Bachelor of Fine Arts in sculpture and jewelry design under full scholarship, Rhode Island School of Design, 2 College Street, Providence, RI, 02903, September 1969 to May 1973.

EMPLOYMENT

Psychologist - Family Services of El Paso - El Paso Texas

March 2004 to present

Provide assessment and EEG biofeedback to children in high risk adoptions in families with the Post Adoptions Program

Adjunct Professor - New Mexico State University - Las Cruces New Mexico

August to December 2003

In the Counseling and Educational Psychology Dept. Taught Appraisals of Intelligence course to educational diagnosticians, survey and training course in the administration and interpretation of intelligence testing for special education students

Private Practice Las Cruces, New Mexico and El Paso, Texas

October 1994 to Present

As a licensed clinical mental health counselor in New Mexico and as a psychologist in Texas, providing services to children, adolescent and adults under local managed health care plans and to social service agencies in Southern New Mexico. Treatment of referrals with abuse/neglect cases, evaluation of parents and children in custody and parenting issues. Also referrals from physicians for chronic pain patients, medically complicated patient, head injury, stroke, post traumatic stress, etc

Staff Psychologist Southwest Counseling Center, Las Cruces, New Mexico

January 2001 to March 2002

Under supervision of clinical director, to provide in-house psychological and neuropsychological evaluations, and therapy to individuals, couples and families, with large community mental health agency under contract with the Department of Health and with Medicaid, both managed care and fee-for-service.

School Psychologist Hatch, New Mexico

Contractual psychologist

October 1997 to May 2000

With Juan N. Sosa, Ph.D. supervisor, to provide psychological evaluations and neuropsychological screenings for newly identified and previously identified children and adolescents for special education program in Hatch Municipal Public Schools. Also provide direct psychological services when needed and consultation to staff and parents.

Southern New Mexico Human Development, Inc. Las Cruces, NM

Forensic Evaluator

February 1993 to November 2000

Psychological and neuropsychological screening and testing resulting in reports on issues of competency, sanity, ability to form specific intent, guilty but mentally ill, etc., on children, adolescents and adults. Provide court testimony for referrals from public defender office, district court and district attorney's office.

Medico-Psychological Services, Inc. Las Cruces NM

Contractual school psychologist

September 1994 to May 1995

For Gadsden Independent Schools in elementary and middle schools in Chaparral, NM. Provided individual therapy to severely emotional disturbed, behaviorally disordered children K-7, consultation with teachers, parents, school administrators, counselors and social workers.

Alliance Treatment Foster Care Program, Las Cruces NM

Contractual Therapist

April 6, 1996 to August 15, 1997.

Provide therapy to adolescents in TFC system, participate in consultations with staff and foster parents, and in treatment conferences.

Core for Outpatient Rehabilitation and Evaluation, Las Cruces NM

Contractual Staff Therapist

May 1993 to December 1993

Provided initial individual mental health assessments, individual and group therapy, relaxation and psycho-educational training to chronic pain patients in out-patient physical rehabilitation program.

Made referrals for social services, medication evaluations, and biofeedback services when appropriate.

Mesilla Valley Hospital Las Cruces, NM

Director of Adjunctive/Expressive Therapies

August 1989 to June 1992

Supervisor for six persons staff department and its clinical responsibilities, budget, scheduling, program development and staff training and JCAOH certification maintenance for a comprehensive psychiatric hospital.

Provided groups in chemical dependency program, therapist in the sexual abuse program, conjoint therapist for multi-families groups.

July 1987 - July 1992

Responsible for developing clinical art therapy program for groups, individuals and families.

July 1987 - December 1987

Provided full psychometric battery to newly- admitted patients in addition to above responsibilities.

Staff therapist to individuals, groups and families.

Southern New Mexico Human Development Las Cruces, NM

Forensic Evaluator

August 1985 - June 1987

Provided psychological testing and complete reports resulting in court testimony for referrals from public defender department, district court and district attorney's office. Member of a forensic evaluation team under supervision of clinical psychologist.

January 1986 - June 1986

Provided drug and alcohol counseling to adult clients in a community corrections program in addition to above responsibilities.

Vermont College of Norwich University Montpelier VT

Course instructor

June - July 1985 and June - July 1986

Provided instruction in one of the first accredited graduate level art therapy programs in the United States. Designed and taught course in art therapy techniques for individuals, groups, children, adolescent and adults.

Southwest Community Mental Health, Inc. Las Cruces, NM.

Staff therapist, Psycho-diagnostician and Forensic Evaluator

January 1980 - June 1985

Multiple responsibilities in a large community mental health system. Assigned to various programs including substance abuse program, both inpatient and outpatient, in day treatment program for chronically mentally ill patients, psychodiagnostic services and finally the forensic evaluation team. Psychological services in the form of individual, group and family therapy primarily using a psychodynamic approach.

First Offender Program, Third Judicial District Las Cruces, NM.

Psychoeducational Counselor

September 1980 - June 1981

Co-lead multiple family groups for first time juvenile offenders.

Additional Qualifications and Interests

American Association of Mental Health Counselors, Member, No. 999018149 Licensed Psychologist, Texas, Lic. No. 31728 Licensed Clinical Mental Health Counselor (LPCC), No. 0356, NM. Practicing sculptor since 1973 with prior exhibitions in US and Mexico. Bi-lingual in English and Spanish.

References

Juan N. Sosa, Ph.D. 715 East Idaho Las Cruces NM 88001 (505) 523-0482
New Mexico Board of Psychologist Examiners, former supervisor
Marc A. Caplan Ph.D. 715 East Idaho Las Cruces NM 88001 (505) 523-0482
New Mexico Board of Psychologist Examiners, former supervisor
Thomas C. Thompson Ph.D. 1036 South Main Las Cruces NM 88005 (505) 526-1936
New Mexico Board of Psychologist Examiners, former adjunct faculty/ supervisor
Susan Brayfield-Cave, Ph.D. 1640 Old Pecos Trail Suite B Santa Fe NM 87505
(505) 988-7616 Former adjunct faculty

Laura Bradford Hemley

Objective

To obtain employment in a field where my bilingual/bicultural skills, education, and experience are an asset to the company.

Work experience

08/97-02/03

Gadsen I.S.D.

El Paso, Tx

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Secial Worker

- Provided services for migrant families.
- Facilitated therapeutic groups within the school setting.
- Made appropriate referrals to community agencies.

02/95-07/97

El Paso I.S.D.

El Paso, Tx

Social Worker

- Provided individual, group and family counseling for Special Education
- · Assissted with the students transition between El Paso Psychiatric Center and Raymond Telles Academy.
- Maintained appropriate documentation.

09/94-02/95

State of New Mexico-CYFD

Las Cruces, NM

Social Worker

- Provided intensive in-home family therapy for clients.
- Networked within the community to secure appropriate resources for
- Advocated for clients as necessary.

Education

08/84-05/94

ASU School of Social Work

Tempe, Az

Masters in Social Work

08/84-05/89

University of Texas at El Paso

E! Paso, Tx

Bachelor of Arts in Psychology

Volunteer

07/89-02/

Santa Cruz Family Guidance Ctr.

Nogales, Az

experience

Counselor

 Provided individual group and family counseling within a mental health setting.

Special Skills

Computer literate, bicultural and read/write Spanish.

RESUME

Milquella J. Otero

Employment Objective:

To obtain a challenging position, which will allow for growth and a chance to use and contribute my education and job experience.

Education:

B.A. Degree. Sociology and psychology; Inter American University of Puerto Rico 1973

License:

Tx - SWA

Other Training:

Alcoholism - 80 hours, Individual Counseling - 55 hours, Advanced Counseling - 56 hours, Group Counseling - 71 hours, Crisis Intervention - 16 hours, Chemical Dependency - 24 hours, Family Counseling - 71 hours, CPR - 8 hours, First Aid - 8 hours, Prevention and management of aggressive behavior - 8 hours, Death and Dying.

WORK HISTORY

SOCIAL SERVICES DIRECTOR
From November 17, 1997 to May 7, 1999
Coronado Nursing Center
223 Resier
El Paso, Texas 79912
Tel: (915) 584-9417

Responsible for providing medically related social services, in order to attain and/or maintain the highest practicable physical, mental and psychosocial well-being of each resident of the 128 beds nursing home facility.

GROUP FACILITATOR 11/QUALIFIED MENTAL HEALTH PROFESSIONAL From July 14, 1997 to November 1897. Citadel Mental Health Services 1010 East Yandell E! Paso, Texas 79902

Served as a group facilitator for MR-day clinic - responsible for developing lesson plans for assigned classes, also provided some degree of staffs supervision.

SUCIAL WORKER

September 9, 1996 to July 1997. El Paso Coalition For The Homeless

Provided case manager services and referral to the homeless population.

SOCIAL WORKER
August 1993 to March 1996.
Hospice of El Paso
3901 North Mesa, Suite 400
El Paso, Texas 79902

Responsible for providing social services, support, anticipatory grieving to the terminally ill patient and their families. Also served as a group facilitator, for bereavement groups.

CASE WORKER II-CLINICAL SUPERVISOR October 1989 - December 1992. Life Management Center 1314 Montana, El Paso, Tx 79902

Served as a community liaison, case manager and supervisor for the MH-Transitional unit.

COUNSELING ASSISTANT

March 1985 to August 1988.

Community Counseling Center

United States Military Community Activity-Bamberg, Germany.

AETS-BBG, APO NY 09139-0024

Served as an drug and alcohol counselor for the military units assigned.

SOCIAL WORKER

September 1983 to May 1984. Puerto Rico Headstart Program Bayamon, Puerto Rico 00619

As a social worker for the pre-school population and their families.

EMPLOYMENT COUNSELOR

March 1980 to July 1981. New Jersey Department of Labor Win Program 80 Newkirk Street Jersey City, N.J.

Responsible for providing assessment, training and employment referrals to job seekers.

INCOME MAINTENANCE TECHNICIAN
October 1979 to March 1980.
Hudson County Department of Health and Social Services
100 Newkirk Street
Jersey City, N.J.

Responsible for completing initial assessment in order to determine eligibility.

References available upon request.

Jesús Sanchez, PhD

EDUCATION

University of California, Irvine

BA 1986, Social Ecology Concentration in Social Behavior and Psychology

University of Colorado, Boulder

MA 1989, Clinical Psychology

University of Colorado, Boulder

PhD 1992, Clinical Psychology

EXPERIENCE

TriWest Group, Boulder, CO

Senior Consultant

March 2000-present

Senior consultant specializing in human services research and clinical system development consultation. Recent and current projects include:

- Border Children's Mental Health Collaborative, El Paso, TX (September 2003-present)
 Project lead to provide independent evaluation of SAMHSA-funded system of care project to provide mental health services to border-area children through the County of El Paso, Texas.
- Governor's Juvenile Justice Advisory Committee, Seattle, WA (July 2003-present)
 Project team member to provide independent cross-site evaluation and technical assistance to funded juvenile violence prevention grant program.
- City of El Paso Social Services Dept., El Paso, TX (March 2003-present)
 Project lead to provide independent evaluation of SAMHSA-funded targeted capacity expansion project to provide mental health services to homebound, nursing home eligible elderly residents through the City of El Paso, Texas.
- Colorado Dept. of Human Services, Division of Youth Corrections, Denver, CO (July 2001-present)
 Project team member on five-year, 22-site evaluation of Colorado's SB94 community-based juvenile justice alternatives program.
- Denver Area Youth Services, Denver, CO (September 2000-September 2002)
 Project lead to provide independent evaluation of SAMHSA-funded Multisystemic Therapy program implementation.



- Casey Family Programs, Austin, TX (July 2001-September 2002)
 Project team member for planning and evaluation of the Casey Family Programs' Region 6
 Community Building Through Family-Centered Teams Initiative.
- Colorado Dept. of Human Services, Denver, CO (August 2000-March 2001)
 Project team member to conduct an operational study and provide recommendations regarding the future roles of the Colorado Mental Health Institutes.
- New Mexico Children, Youth and Families Dept., Santa Fe, NM (April 2000-present)
 Project team member for TriWest Group's contract with the State of New Mexico to conduct a five-year evaluation of the Title IV-E Waiver demonstration.
- Colorado Dept. of Human Services, Division of Child Welfare (March 2000-present)
 Project team member on subcontract to conduct a five-year large-scale evaluation of Colorado's child welfare system reform.
- Colorado Access/Access Behavioral Care, Denver, CO (March-April 2000)
 Contributing writer for a statewide managed care mental health services contract bid for up to 200,000 Medicaid recipients.

Colorado Mental Health Institute at Fort Logan, Denver, CO Staff Psychologist

April 1999-March 2000

Served on an interdisciplinary team in an adult inpatient unit. Responsibilities included diagnostic evaluations and psychological testing, evaluations and court testimony for involuntary commitment, consultation, and treatment at the group and individual level. Other responsibilities included participation as a member of the unit's management team, and participation in a hospital-wide committee on cultural diversity.

Mental Health Corporation of Denver, Denver, CO Program Manager

March 1996-April 1999

Program Manager of the Access Center, involved in the clinical and administrative supervision of a multidisciplinary clinical staff at the agency's single point of access to services. Supervised a triage and intake team, a hospital liaison team, a team of service providers to homeless shelters, and a citywide mobile crisis response team. Other responsibilities involved liaison duties with other mental health system entities and work with a variety of interagency committees and workgroups, including a workgroup that developed cultural competence guidelines for the organization. Previous position as Access Project Coordinator involved the design of a coordinated system of access to agency services. Past duties with the agency as staff clinician involved assessment and direct individual and group psychotherapeutic treatment of adults with severe and persistent mental illness.



Sunspectrum Outpatient Rehabilitation, Thornton, CO Staff Psychologist

July 1994-April 1996

Clinical position as part of an interdisciplinary team involving consultation, diagnostic interviewing, psychological assessment, and psychotherapy to individuals with co-morbid physical conditions, including monolingual Spanish-speaking patients.

Mental Health Center of Boulder County, Inc., Boulder, CO Clinician

July 1993-July 1994

Clinical position involving diagnostic interviewing, psychological assessment, case management, and psychotherapy with children, adolescents, adults and families.

John A. Martinez, PhD, PC Denver, CO Independent Contractor

July 1992-June 1993

Independent contract position involving consultation and direct services to a private psychology practice. Duties included: consultation, psychological assessment, diagnostic interviews, mental status examinations, and group and individual psychotherapy with clients with co-morbid physical disorders (primarily involving chronic pain), most of whom were monolingual Spanish speakers.

University of Colorado, Counseling and Career Services, Boulder, CO Clinician

September 1991-June 1993

Provision of direct services to university students, faculty, and staff. Involved having primary responsibility for intake diagnostic interviewing, treatment planning, short-term psychotherapy, and final disposition of cases. Engaged in outreach activities, as well as consultation and liaison work with other units on campus. Also co-coordinated the delivery of intake and psychotherapy services at the center, and provided clinical supervision to masters-level trainees. Other duties included training and consultation on ethnic diversity issues.

Indiana University School of Medicine Psychology Training Consortium, Indiana University Medical Center (APA Accredited Internship), Indianapolis, IN Psychology Intern

September 1990-August 1991

Pre-doctoral internship in Clinical Psychology. Duties included diagnostic interviewing, psychological assessment, individual and group psychotherapy, and consultation in outpatient psychiatry settings, a Veterans Administration Medical Center inpatient chemical dependency treatment service, and a state hospital adolescent inpatient treatment unit.



University of Colorado, Multicultural Center for Counseling and Community Development, Boulder, CO

Clinician

August 1989-May 1990

Position involving long-term and brief individual psychotherapy and intake assessment with university students on an outpatient basis.

PROFESSIONAL ACTIVITIES

Colorado Psychological Association Political Action Committee

Treasurer

1996-1998

Position involving responsibility for receiving and disbursing the funds of the Political Action Committee as authorized by the PAC Board. Also responsible for preparing and delivering reports of finances at PAC Board meetings.

Colorado Psychological Association

Treasurer

1995-1996

Board position involving responsibility for receiving and disbursing the funds of the Association as authorized by the Board of Directors. Also responsible for preparing and delivering reports of finances at Board meetings.

LANGUAGES

English and Spanish (written and spoken fluently)

PRESENTATIONS

- Cheal, K., McDonel-Herr, B., Sanchez, J., & Vega, R. (2003, October). The role of evaluation in implementing mental health evidence based practices for older adults. Presented at the American Society on Aging, 6th International Conference on Care Management, Philadelphia, PA.
- Romero, D., Sanchez, J., Izuno, J., & Valenton, E. (1985, March). Assessing the needs of culturally different students: Methodological and political considerations. Presented at the Third World Counselors Association Tenth Anniversary Conference, Los Angeles, CA.
- Romero, D. & Sanchez, J. (1986, April). Assessing the needs of culturally different college students. Presented at the Annual Conference of the American Association for Counseling and Development, Los Angeles, CA.
- Sanchez, J. (1988, October). Ethnic identity and symptomatology among Mexican Americans. Clinical Research Conference, University of Colorado Department of Psychology, Boulder, CO.



- Sanchez, J. (1993, October). *Chicano identity and its correlates*. Presented at the Society for Descriptive Psychology Fifteenth Annual Conference, Breckenridge, CO.
- Sanchez, J. (1994, April). Factors influencing identity development among Mexican American adolescents. Invited presentation to faculty and staff, Boulder Valley School District. Boulder, CO.
- Sanchez, J. (1995, October). *Cultural influences on health care*. Invited presentation to Sloans Lake Managed Care nurse/case managers, Denver, CO.
- Sanchez, J. (1996, April). *Cultural differences in pain response*. Presented at the Colorado Rehabilitation Insurance Nurses Group Annual Conference, Denver, CO.

Copy of IRB Proposal & Approval Notification

TRIWEST GROUP INSTITUTIONAL REVIEW BOARD

IRB REVIEW APPLICATION SUMMARY

<u>Project Title</u>: Evaluation of the Project for the Optimal Care of Underserved Seniors (Project FOCUS)

Lead Investigator/Evaluator: Jesús Sanchez, Ph.D.

Organizational Affiliation: TriWest Group

<u>Objectives</u>: The proposed project is a program evaluation of the City of El Paso, TX's Project FOCUS (Project for Optimal Care of Underserved Seniors). Project FOCUS is a City of El Paso collaborative effort being carried out to expand mental health treatment and preventive services to older adults in El Paso, funded in part by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Project FOCUS collaborative partners include the City of El Paso, the City-County Nutrition Program, El Paso Community Mental Health and Mental Retardation Center (MHMR), Centro San Vicente, the Upper Rio Grande Area Agency on Aging, and LULAC Project Amistad.

Methods and Procedures: Project FOCUS draws its participants from the ☐ Paso City-County Nutrition Program, which delivers daily mid-day meals to 1,000 older adults who are isolated and experience functional impairments requiring meal delivery. The proposed program evaluation consists primarily of a descriptive design that will track changes in symptom presence and severity within service condition, based on program data provided to TriWest Group by Project FOCUS. Program and service data relating to Project FOCUS participants, which is being maintained by the service agencies and by Project FOCUS, will be forwarded to TriWest Group for analysis. Specifically, the data consists of participant responses to: 1) The El Paso City-County Nutrition Program Screening Survey (Attachment A); 2) The Project FOCUS Screening Follow-Up--Short-Form (Attachment B); and 3) The Center for Mental Health Services Government Performance and Results Act (GPRA) Client Outcome Measures Form (Attachment C). Responses to Attachment C will also be forwarded by TriWest Group to the Positive Aging Resources (PARC--the national evaluators contracted by SAMHSA for the crosssite evaluation). In addition, program data relating to the types of services received (e.g., mental health counseling, case management) will be obtained from Project FOCUS for analyses examining outcomes in the context of services provided to participants. The current request for IRB review involves three parts: 1) Request for IRB review of the described procedures for data collection and use, with prospective informed consent for participation in the evaluation project, for any participants for whom no data has yet been released to TriWest Group; 2) Request for approval for retroactively obtaining informed consent from current service recipients whose screening and/or GPRA data may have already been released to TriWest Group; and 3) A waiver of consent to use, in de-identified form, screening data previously released to TriWest Group for program evaluation purposes.

<u>Significance of this Project</u>: Project FOCUS is a technical capacity expansion project intended to identify populations in need of mental health services through evidence-based activities (such as screening) and help, through referral and program development, those in need to obtain these services. The program evaluation of Project FOCUS is intended to look at the success of the screening process in identifying those in need, in helping to make services available to them, and in the reduction of symptoms, overall, and at rates greater than for those not receiving treatment.

FORM IRB-B

ADMINISTRATIVE INFORMATION SUMMARY

PROJECT TITLE: Evaluation of the Project for the Optimal Care of Underserved Seniors (Project FOCUS)		
LEAD INVESTIGATOR/EVALUATOR:		
Name and Title:	Funding Source(s): The Technical Capacity Expansion Grant to the	
Jesús Sanchez, PhD Senior Consultant	City of El Paso, Texas is funded through the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services	
Mailing Address:	Dates of Proposed Project:	
TriWest Group 4855 Riverbend Road, Suite 100	From: 10/1/02	
Boulder, CO 80301	Through: 9/30/05	
	Fax Number: (303) 544-0510	
Telephone: (303) 544-0509	Email Address: jsanchez@triwestgroup.net	
As Lead Investigator/Evaluator, I acknowledge that I am responsible for the submission in this application. I have fully reviewed the application forms and instructions and believe this application is complete and accurate. I affirm that, if approved, this research will be conducted in compliance with all TWG IRB-approved procedures and requirements.		
Signature: Date:		

ORGANIZATIONAL AFFILIATION OF LEAD INVESTIGATOR/EVALUATOR (Agency,

University, Professional Organization, Commercial Research Firm, etc.)

Name and Address of Agency or Organization:

TriWest Group

4855 Riverbend Road

Suite 100

Boulder, CO 80301

PROJECT DESCRIPTION

Use as many continuation pages as needed. Please number pages consecutively.

Project: Evaluation of the Project for the Optimal Care of Underserved Seniors (Project FOCUS)

Conceptual Introduction

The proposed program evaluation project involves the evaluation of the City of El Paso, TX's Project FOCUS (Project for Optimal Care of Underserved Seniors). Project FOCUS is a City of El Paso collaborative effort being carried out to expand mental health treatment and preventive services to older adults in El Paso, funded in part by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Project FOCUS collaborative partners include the City of El Paso, the City-County Nutrition Program, El Paso Community Mental Health and Mental Retardation Center (MHMR), Centro San Vicente, the Upper Rio Grande Area Agency on Aging, and LULAC Project Amistad. Project FOCUS draws its participants from the El Paso City-County Nutrition Program, which delivers daily mid-day meals to isolated older adults with functional impairments.

Older adults in El Paso have been found to suffer from mental health impairments at high rates. Briones and Heller (2003)¹, in a study of 1,200 El Pasoans over age 65, found symptoms consistent with major depression in 18% in the 65-74 age group, and in 19% of those aged 75 or older. Project FOCUS intends to improve the quality of life of physically frail older adults who experience mental health symptoms by building infrastructures for and expanding capacity in care systems that will lead to prevention and early intervention, and by improving access to services while removing barriers that prevent identification and treatment for older adults in need.

Project FOCUS was originally designed to screen participants of the City-County Nutrition Program for mental health needs, and refer those found to be in need of mental health services to either 1) the local mental health center, 2) a newly developed mental health component within a comprehensive primary care provider organization, or, 3) if they refused treatment, a care management/monitoring condition. The original design of the project included a comparison of the benefits of receiving mental health services within the context of the comprehensive primary care facility, vs. a community mental health center.

However, because not enough participants were identified who would meet the medical eligibility criteria of the primary healthcare provider organization, the treatment options have been redefined. Currently, those screened participants who are found to be in need of mental health services are referred for treatment at either:

- The El Paso Community Mental Health and Mental Retardation Center (MHMR), provided that participants meet state priority population eligibility criteria, which take into account severity of symptoms and diagnostic categories;
- Centro San Vicente, a safety-net care provider that serves underserved populations in the area. Participants who are found to be in need of mental health services, but who do not meet eligibility criteria for services at MHMR will receive services through this provider.

¹ Briones, D. and P. Heller (2003). Psychological distress among elderly Hispanic and non-Hispanic white residents of El Paso, TX. Unpublished manuscript.

Those participants who decline mental health services, or who are not found to be in need of intervention, will nevertheless have the option to participate in a component under development, Project FOCUS Preventive Services for At-Risk Seniors, which will offer a variety of prevention and wellness programming appropriate for the target population of older adults. This prevention and wellness component will be implemented through the mental health service providers listed above, with prevention resource development assistance provided by Project FOCUS.

The program evaluation described here includes primarily a descriptive design. Client demographic and baseline symptom data will be compiled, and follow-up data will be compared against earlier data collection points to track client progress within service delivery condition.

Project Methods

Sampling and Subject Selection:

Project FOCUS draws its participants from the El Paso City-County Nutrition Program, which delivers daily mid-day meals to 1,000 older adults who are isolated and experience functional impairments requiring meal delivery. This population is targeted due to its high risk for developing depression and other mental health conditions related to isolation and multiple health problems.

As part of their participation in the City-County Nutrition Program, participants undergo periodic follow-up screening for a variety of functional impairments. Additional items related to mental health symptoms have been added to the screening questionnaire to aid in the identification of participants who may need to be further assessed for mental health services. The project intends to identify and provide services to over 300 adults aged 65 or over during the course of the project. Participants in need of mental health services will be able to refuse services of any kind, and those found not to be in need of services will be able to opt into preventive services, if desired. Participants do not receive compensation for evaluation study participation (which involves agreeing to have their program-related data provided to TriWest Group for analysis related to program evaluation).

At least half of the participants are expected to be Spanish-speaking. For this reason, written materials are available in Spanish, and staff having direct contact with participants are bilingual in English/Spanish.

Study Design:

The proposed program evaluation consists primarily of a descriptive design that will track changes in symptom presence and severity within service condition, based on program data provided to TriWest Group by Project FOCUS. That is, each participant will be tracked at 6-month intervals to measure changes in their symptom presentation. No assignment of participants to control groups will be made. When comparisons between a treatment group (e.g., those receiving services through MHMR) and a naturally occurring comparison group (e.g., those qualifying for services through MHMR but refusing services) are made, these groupings will be made during the data analysis phase by statistically selecting the comparison sample from the program data provided by Project FOCUS.

The presence and severity of symptoms on the various questionnaires used will represent the dependent variables, while participation in a treatment condition will represent the independent variable. While observed improvement in symptoms will be assumed to result from service

delivery, this program evaluation is not designed with a rigorous experimental design in mind. Therefore, while threats to validity include the lack of random assignment to a treatment/control condition, delivery of services to all those displaying need without consideration for a control group is consistent with the purpose of Project FOCUS, which is to identify populations in need and guide them to available community services.

The design of the evaluation does not require deception or withholding of complete information about the purposes of the program or its evaluation.

Measurement and Data Production

Program and service data relating to Project FOCUS participants, which is being maintained by the service agencies and by Project FOCUS, will be forwarded to TriWest Group for analysis. Specifically, the data consists of participant responses to the following:

- 1. The El Paso City-County Nutrition Program Screening Survey (Attachment A). This screening questionnaire was compiled by an interagency group of El Paso service providers and administrators, as well as a University of Texas, El Paso researcher (Dr. Peter Heller) to aid the City-County Nutrition Program in identifying participants who are in need in services, in addition to the meal service provided by the Nutrition Program. The survey is administered via interview by a trained care manager working with Project FOCUS in coordination with El Paso MHMR. The Spanish version of this instrument is available and used when necessary.
- 2. The Project FOCUS Screening Follow-Up--Short-Form (Attachment B). This follow-up to the El Paso City-County Nutrition Program Screening Survey, currently used for program purposes, is administered at intake to services and every six months thereafter. This follow-up survey is intended to track changes to the mental health-related items on the Nutrition Program Screening Survey by re-administering a number of the same items in their original form. This instrument is administered by the care manager assigned to the service recipient via interview. The Spanish version of this instrument is available and used when necessary.
- 3. The Center for Mental Health Services Government Performance and Results Act (GPRA) Client Outcome Measures Form (Attachment C). Project FOCUS began using this form as a program tool to track participant progress and for program reporting to the Substance Abuse and Mental Health Services Administration. This form is administered at intake to services and every six months thereafter. It is administered by the care manager assigned to the service recipient via interview. The Spanish version of this instrument is available and used when necessary. As part of the national evaluation effort, TriWest Group will forward participant responses on this form to the Positive Aging Resources Center (PARC—the national evaluator contracted by SAMHSA for this purpose).

In addition, program data relating to the types of services received (e.g., mental health counseling, case management) will be obtained from Project FOCUS for analyses examining outcomes in the context of services provided to participants.

Informed consent will be obtained by the participants' care manager in charge of coordinating Project FOCUS activities with the service provider agencies, in the course of their usual service coordination activities. This care manager will be directly trained on the informed consent process, and on the documentation of informed consent to be used (Attachment H1a), by Jesús Sanchez, Ph.D.

In order to safeguard against the unlikely event of even accidental disclosure of personal information by TriWest Group, all participant data provided by Project FOCUS will not be

identified with any participants' names. Rather, unique Project FOCUS-specific identification numbers will be used. Because the documentation of informed consent will identify participants by name (through their signatures), and because the documentation of informed consent will need to include the Project FOCUS identification number of the participant who signed it (in order to know what number-coded records to obtain from Project FOCUS), documentation of informed consent will be sent by Project FOCUS to TriWest Group in a manner that is separate from any participant data (e.g., different shipment on a different day).

Once received, TriWest Group will keep paper records of data, electronic data on removable media, and documentation of informed consent in a locked cabinet, in a locked office. Any electronic data files will be password-protected.

The program evaluation does not involve the collection of any biological specimens.

Data Analysis

Data analysis will consist primarily of descriptive statistics intended to illustrate the benefits, if any, of the early identification of participants in need of services through screening, and of the delivery of such services to them. This will be done by analyzing trends in the presence and severity of reported symptoms among screened participants, and analysis of changes in the presence and severity of symptoms among those participants who receive services. Data from screened participants with symptoms meriting treatment, but who refuse intervention, will be used for the purposes of forming comparison groups against which outcomes of those receiving services will be examined. All data will be reported in the aggregate. This approach is consistent with the purpose of Project FOCUS, which is based on the belief that older adults in need of mental health services can be identified through screening, and guided to available community services.

Project Logistics

Institutional Review Board (IRB) approval for the evaluation of Project FOCUS is being sought after the commencement of project activities and data collection, as the project was originally funded by SAMHSA without any requirement or stipulation for IRB review.

Project FOCUS has been actively funded by SAMHSA since October 1, 2002, and screening data collection began in April, 2003. In April, 2003, the SAMHSA Project Officer and representatives of the Positive Aging Resources Center (PARC, the national evaluator and technical assistance provider for the grant initiative) suggested that IRB review be sought if Project FOCUS intended to present findings at conferences or submit results for publication. Neither of these scenarios being foreseeable, data collection for program purposes continued, and data from the City-County Nutrition Program Screening Survey (n=145), as well as Center for Mental Health Services Government Performance and Results Act (GPRA) Client Outcome Measures Form data (n=41) were provided by Project FOCUS to TriWest Group for analysis and reporting. Copies of these questionnaires did not contain participant names, but were instead coded with a Project FOCUS-specific identification number, with the cross-reference key to identification numbers and names residing with the Project FOCUS Project Manager.

In April, 2004, PARC informed Project FOCUS and the program evaluator that, while program evaluation work could continue on the project, IRB approval at the local level would be necessary in order for PARC to be able to accept GPRA forms from Project FOCUS and analyze GPRA data for SAMHSA reporting purposes. At that time, TriWest Group requested that Project

FOCUS suspend providing it with any further data, pending IRB review and approval. No additional data has been obtained by TriWest Group since that time.

The current request for IRB review involves three parts:

- 1. Request for IRB review of the described procedures for data collection and use, with prospective informed consent for participation in the evaluation project, for any participants for whom no data has yet been released to TriWest Group.
- 2. Request for approval for retroactively obtaining informed consent from current service recipients whose screening and/or GPRA data may has already been released to TriWest Group. This group would include participants who have been screened and subsequently provided with services, and thus with whom Project FOCUS and service providers maintain contact. In this case, retroactive informed consent will be secured in order to include their data in any future analysis and reporting. If consent is denied, then their data will be expunged/destroyed from any data set kept by TriWest Group, and will not be used for any future analysis or reporting, including forwarding to the Positive Aging Resources Center for national evaluation purposes.
- 3. A waiver of consent to use, in de-identified form, screening data previously released to TriWest Group for program evaluation purposes. This dataset consists of screening questionnaire data for Nutrition Program participants who were not found to be in need of services, or who did not receive services subsequent to the screening interview, and with whom neither Project FOCUS nor service providers maintain contact to be able to obtain retroactive informed consent (as in #2, above). The data set in question, provided to TriWest Group in July, 2003 with a follow-up in October, 2003, identifies participants by Project FOCUS-specific identification number (with cross-referencing links to names residing only with the Project FOCUS Project Manager). If use of this dataset is approved by the IRB with waiver of informed consent, it will be modified in the following manner: First, any records for which informed consent for participation in the evaluation project was denied by the participants in #2 will be deleted from the file (along with any other data which may have already been provided to TriWest Group). Second, any records for which informed consent is retroactively obtained will be kept in a separate database, to be used for analysis and reporting purposes. Third, the remaining database will be modified to conform to the HIPAA definition of a deidentified dataset by deleting any information that prevents the data file from fitting that definition. Although when originally provided to TriWest Group, the dataset was intended to be a de-identified dataset according to HIPAA definitions, it has since been found to contain some elements that do not conform to such definitions (e.g., it contains participants' full date of birth, instead of only their year of birth, and includes ages for participants over age 89). Additional information regarding this request for a limited waiver of consent is provided on Form IRB-H2.

After IRB approval is granted, TriWest Group will receive program data consisting of participant responses to the three questionnaires listed under "Measurement and Data Production" above, at regular intervals. Project FOCUS is scheduled to run through September, 2005, and any final receipt of data or analyses are expected to take place no later than the end of November, 2005.

Significance of Proposed Project

Project FOCUS is a technical capacity expansion project intended to identify populations in need of mental health services through evidence-based activities (such as screening) and help, through referral and program development, those in need to obtain these services. The program evaluation of Project FOCUS is intended to look at the success of the screening process in identifying those in need and in helping to make services available to them (for which these participants had not been other- or self-referred as of the time of their screening).

It will also examine any reduction in the presence and severity of symptoms, overall, and at rates greater than for those not receiving treatment.

FORM IRB-F

BIOGRAPHICAL INFORMATION

Curriculum Vitae provided as attachments:

- 1. Jesús Sanchez, PhD (Attachment D)
- 2. Peter Selby, PhD (Attachment E)

FORM IRB-G

DESCRIPTION OF RISKS AND SAFEGUARDS FOR SUBJECTS IN THIS RESEARCH PROJECT

Use as many continuation pages as needed. Please number pages consecutively.

Risks to Subjects:

Agreement on the part of service recipients to participate in the program evaluation by having their survey data provided to TriWest Group by Project FOCUS for this purpose is not believed to pose a significant risk to participants. Because the data to be provided to TriWest Group for program evaluation purposes is data that is already being collected for program purposes, any probability of harm or discomfort resulting from data collection is limited to that encountered during the routine service provision process itself. Any additional risks or harm associated with participation in the evaluation would result from any unintended disclosure of identifiable, personal information by TriWest Group to any unauthorized persons or entities.

In order to safeguard against the consequences of unintended, accidental disclosure of personal information by TriWest Group, all participant data provided by Project FOCUS will not be identified with any participants' names. Rather, unique Project FOCUS-specific identification numbers will be used. Because the documentation of informed consent will identify participants by name (through their signatures), and because the documentation of informed consent will need to include the Project FOCUS identification number of the participant who signed it (in order to know what number-coded records to obtain from Project FOCUS), documentation of informed consent will be sent by Project FOCUS to TriWest Group in a manner that is separate from any participant data (e.g., different mailing on a different day). Once received, TriWest Group will keep paper records of data, removable media with electronic files, and documentation of informed consent in a locked cabinet, in a locked office. Any electronic data files will be password-protected.

Explain why this research is: \square Minimal Risk² or \square More than Minimal Risk:

As noted above, because the data to be provided to TriWest Group for program evaluation purposes is data that is already being collected for program purposes, participation in the evaluation is expected to pose minimal risk to participants. Any probability of harm or discomfort resulting from data collection is limited to that encountered during the routine service provision process itself.

Subject Recruitment:

Project FOCUS draws its participants from the El Paso City-County Nutrition Program. As part of their participation in the City-County Nutrition Program, participants undergo periodic follow-up screening for a variety of functional impairments. As part of their screening process and service delivery process, participants will be solicited by their care manager in charge of coordinating Project FOCUS activities with the service provider agencies for participation in the program

² Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

evaluation study being conducted by TriWest Group. Informed consent will also be obtained by the participants' care manager in the course of the usual service coordination activities.

There will not be any penalty for non-participation in the evaluation study. Also, participants do not receive compensation for evaluation study participation (which, again, involves agreeing to have their program-related data provided to TriWest Group for analysis related to program evaluation).

Vulnerable Subjects:

The proposed program evaluation activities do not involve the federally-defined vulnerable subject categories of fetuses, pregnant women, prisoners, or children.

Confidentiality:

All participant data provided by Project FOCUS will not be identified with any participants' names. Rather, unique Project FOCUS-specific identification numbers will be used. Because the documentation of informed consent will identify participants by name (through their signatures), and because the documentation of informed consent will need to include the Project FOCUS identification number of the participant who signed it (in order to know what number-coded records to obtain from Project FOCUS), documentation of informed consent will be sent by Project FOCUS to TriWest Group in a manner that is separate from any participant data (e.g., different mailing on a different day). Once received, TriWest Group will keep paper records of data, removable media containing electronic records, and documentation of informed consent in a locked cabinet, in a locked office. Any electronic data files will be password-protected.

Benefits and Risks:

Agreement on the part of service recipients to participate in the program evaluation by having their survey data provided to TriWest Group by Project FOCUS for this purpose is not believed to pose a significant risk to participants. Because the data to be provided to TriWest Group for program evaluation purposes is data that is already being collected for program purposes, any probability of harm or discomfort resulting from data collection is limited to that encountered during the routine service provision process itself. Any additional risks or harm associated with participation in the evaluation would result from any unintended disclosure of identifiable, personal information by TriWest Group to any unauthorized persons or entities.

Because participants are screened and are eligible for services regardless of their participation in the program evaluation activities, the benefits to the individual participants do not extend beyond any anticipated benefits from the services they are to receive. Rather, potential benefits are likely to be gained at the program and community levels, through identification of effective screening and referral mechanisms, and the development of prevention and early intervention activities for populations that may not otherwise receive needed services.

FORM IRB-H1

CONSENT DOCUMENTS

Consent Documents – Check all recruitment and consent documents proposed for this research; indicate readability level using Flesch-Kincaid test in Microsoft Word or equivalent measure; attach copies of all consent documents to this form and submit electronic copies of all documents to smartinez-parham@triwestgroup.net.

		Flesch-Kincaid Reading Level
\square	Consent Form(s)	10.1
	Assent Form(s)	
	Contact Letter(s)	
	Recruitment Script(s)	
	Telephone Script(s)	
	Advertisement(s)	
	Web Page(s)	
	Other:	
Non-E	nglish Speaking Subjects:	
Subje	ts will $oxtimes$ will not $oxtimes$ be Recruited fro	m Non-English Speaking Populations
TE	in the will be upon ited from non English	th speaking populations, describe your plan

If subjects will be recruited from non-English speaking populations, describe your plans for communicating with potential subjects and for translating consent documents into their native language:

Written materials, such as documentation of informed consent and questionnaires will be available in Spanish, and will be used when necessary. In addition, project staff having direct contact with participants are bilingual in English/Spanish.

Note that the Spanish version of the documentation of informed consent will list Socorro Martinez-Parham, of TriWest Group (915-774-0023), as the person to call with questions regarding the rights of study participants, as she speaks Spanish, and users of the Spanish version of the form would need to have access to Spanish-speaking staff to obtain additional information. Jesús Sanchez will remain listed as the contact person for questions regarding the evaluation study.

If subjects will not be recruited from non-English speaking populations, explain why they will not be recruited:

Not applicable.

A-65 13

WAIVER OF INFORMED CONSENT

	which type of waiver is being requested and <u>provide a rationale which addresses</u> equirements in applicable federal regulations and/or state laws.
	No waiver of consent is requested
applic inform that th	arch Involving Contacts with Human Subjects: Read the criteria in the able regulation(s) that the IRB must document have been met to grant a waiver of ned consent. Explain how your study meets the relevant criteria. Simply stating the study is minimal risk, or does not adversely affect the rights and welfare of cts, is not sufficient. You must explain how and why your study satisfies these a.
	Waiver of some/all elements of consent for study participation – (see $\underline{45\ CFR}$ $\underline{46.116(d)}$)
	Waiver of signed consent; oral consent will be obtained – (see $\underline{45}$ CFR $\underline{46.117(c)}$)
☐ 46.40	Waiver of parental permission for study participation of a child – (see $\underline{45\ CFR}$ 8(c))
<u>Explai</u>	n how the study meets the criteria for waiver:

Research Involving Only Records – No Contacts with Human Subjects: The IRB must find and document that each of the applicable criteria in federal regulations (45 CFR 46.116(d) and 45 CFR 164.512(i)) for disclosure of identifiable personal records and/or protected health information without written consent or authorization has been satisfied. If one or more of these regulations or laws do not apply to your data request, please so indicate under the applicable section(s) below.

*Explanation of Current Request/Note to IRB Reviewers:

A waiver of consent to use, in de-identified form, screening data previously released to TriWest Group for program evaluation purposes is hereby requested. This dataset consists of screening questionnaire data for Nutrition Program participants who were not found to be in need of services, or who did not receive services subsequent to the screening interview, and with whom neither Project FOCUS nor service providers maintain contact to be able to obtain retroactive informed consent. The data set in question, provided to TriWest Group in July, 2003 with a follow-up in October, 2003, identifies participants by Project FOCUS-specific identification number (with cross-

referencing links to names residing only with the Project FOCUS Project Manager). If use of this dataset is approved by the IRB with waiver of informed consent, it will be modified in the following manner: First, any records for which retroactive informed consent for participation in the evaluation project is denied by participants currently receiving services (and from whom retroactive informed consent will be sought) will be deleted from the file (along with any other data which may have already been provided to TriWest Group). Second, any records for which informed consent is retroactively obtained will be kept in a separate database, to be used for analysis and reporting purposes. Third, the remaining database will be modified to conform to the HIPAA definition of a de-identified dataset by deleting any information that prevents the data file from fitting that definition. Although when originally provided to TriWest Group, the dataset was intended and believed to be a de-identified dataset according to HIPAA definitions, it has since been found to contain some elements that do not conform to such definitions (e.g., it contains participants' full date of birth, instead of only their year of birth, and includes ages for participants over age 89).

Explain how the study meets each of the following criteria:

a. Explain why and/or how the research involves no more than minimal risk to subjects. (45 CFR 46.116(d)(1) and 45 CFR 164.512(i)(2)(ii)(A))

As noted above, because the data to be provided to TriWest Group for program evaluation purposes is data that is already being collected for program purposes, participation in the evaluation is expected to pose minimal risk to participants. Any probability of harm or discomfort resulting from data collection is limited to that encountered during the routine service provision process itself.

b. Explain why and/or how the waiver of authorization will not adversely affect the rights and welfare of the subjects. (45 CFR 46.116(d)(2))

The screening data previously provided by Project FOCUS represents program data that was collected during the normal course of service provision, and no additional requests have been made of the participants whose screening data is to be used. In addition, a good faith effort was made on the part of Project FOCUS to provide TriWest Group with a de-identified dataset per HIPAA definitions. However, the dataset contains some elements (such as a complete birthdate, as opposed to only the year of birth, and ages of participants over age 89). These remaining elements will be deleted in order for the dataset in question to fully conform to the HIPAA definition of de-identified data.

c. Explain why the research could not practicably be carried out without the waiver of authorization and without access to and use of the individually identifiable personal records and/or protected health information. (45 CFR 46.116(d)(3), 45 CFR 164.512(i)(2)(ii)(B)(C)

The dataset in question was generated through screening of individuals with whom, because they were found not to be in need of services, or because they declined services, the service provider agencies or Project FOCUS currently do not have contact. The value of the dataset lies in establishing baseline sample rates of symptomatology, which helps in predicting the number of persons in need of services over the course of the project for planning purposes. The dataset also helps in determining differences in patterns of symptom endorsement and severity between those identified as being in need of services and those screened out of the sample determined to be in need of services.

d. Explain whether it is appropriate to provide subjects with additional pertinent information about the research and/or waiver of authorization for disclosure after the information is disclosed. (45 CFR 46.116(d)(4))

Because the dataset in question is, for all intents and purposes, a de-identified dataset used to establish baseline rates of symptomatology, it does not appear necessary, nor appropriate at this time, to re-contact those Nutrition Program participants who have been essentially "screened out" of the evaluation. While it is possible that some of these Nutrition Program participants may in the future end up participating in prevention/wellness program activities, their informed consent would be obtained at that time, and before any further disclosure of data is done.

e. Describe an adequate plan to protect the identifiers from improper use and disclosure and to protect identifiable information from redisclosure. (45 CFR 164.512(i)(2)(ii)(A)(1)

No identifiers are intended for use with this dataset, and any existing variables determined to be identifiers under HIPAA definitions will be deleted from the dataset.

f. Describe an adequate plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research, unless there is a health or research justification for retaining the identifiers. (45 CFR 164.512(i)(2)(ii)(A)(2)

No identifiers are intended for use with this dataset, and any existing variables determined to be identifiers under HIPAA definitions will be deleted from the dataset.

g. Explain why and/or how the research is of sufficient importance to outweigh the intrusion into the privacy of the individual that would result from disclosure of his/her identifiable personal records and/or protected health information.

No identifiers are intended for use with the dataset in question, and any existing variables determined to be identifiers under HIPAA definitions will be deleted from the dataset.

h. Provide written assurance that the individually identifiable personal records and/or protected health information will not be reused for other purposes or disclosed to any other person or entity, except as specifically required or permitted by law and approved by the TWG IRB. (45 CFR 164.512(i)(2)(ii)(A)(3))

No individually identifiable personal records are intended for use with the dataset in question, and any existing variables determined to be identifiers under HIPAA definitions will be deleted from the dataset. Furthermore, any data in the dataset in question will not be reused for other purposes or disclosed to any other person or entity, except as specifically required or permitted by law, and approved by the TWG IRB.

i. Provide written assurance that no individual whose records or protected health information is used in the research will be identified in any written report resulting from the research.

No individually identifiable personal records are intended for use with the dataset in question, and any existing variables determined to be identifiers under HIPAA definitions will be deleted from the dataset. Furthermore, no individual whose records or protected health information is used in the evaluation will be identified in any report resulting from the evaluation.

PF ID	#:	
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CONSENT FORM

EVALUATION OF PROJECT FOCUS

Evaluators:

Jesús Sanchez, PhD

Peter Selby, PhD

TriWest Group

4855 Riverbend Road, Suite 100

Boulder, CO 80301 Phone: (303) 544-0509

PURPOSE AND BENEFITS

The City of El Paso has received a grant from the federal government to help meet the needs of older adults in El Paso. It is doing this through a project called Project FOCUS. The grant requires that someone evaluate how well the project is working. The City has hired a company called TriWest Group to conduct an evaluation of this project in El Paso. The Substance Abuse and Mental Health Services Administration (SAMHSA) is funding Project FOCUS. It has hired a group called the Positive Aging Resources Center (PARC) to evaluate Project FOCUS and other projects like it around the country.

The evaluation looks at the ways that services help people like you in the community. The results of this evaluation may help us find ways to improve these services. They may also help agencies in better working together to serve older adults and their families.

PROCEDURES

We are asking you to volunteer for the evaluation by letting Project FOCUS give information about you to TriWest Group. We will look at information about the services that people like you receive. We want to see how these services are helping you. We will look at information that you have given on surveys about your difficulties with everyday activities and problems in your daily life. For example, these surveys ask things such as whether you can dress or feed yourself, and whether you feel sad, nervous, or forgetful. They also ask whether you use alcohol or drugs. The information to be sent to TriWest Group for analysis consists of your answers to the questions on the forms listed below.

You may have already answered these questions during an interview with a care manager. These forms are:

- 1. The Project FOCUS Screening Survey (also called the Screening Survey of the El Paso City-County Nutrition Program)
- 2. The Project FOCUS Screening Follow-Up (Short Form)
- 3. The CMHS GPRA Client Outcome Measures for Discretionary Programs

Other information we will look at includes the kinds of services that you are receiving as a Project FOCUS participant and how long you have been receiving them.

Your information will be combined with information from other people who receive services. All information will be summarized in reports that will not identify anyone individually.

In addition to collecting this information from Project FOCUS, we will need to share some of it with other evaluators. We will send some information to the Positive Aging Resources Center (PARC). PARC is going to write a report that describes the ways that other projects like Project FOCUS help people in their communities. Specifically, the information sent to PARC by TriWest Group will be your answers to the questions on the form called "CMHS GPRA Client Outcome Measures for Discretionary Programs." The information that we share with PARC will not include your name. The evaluators who will receive your information are people who are especially trained for this study. They are not employees of any agency that is providing services to you.

RISKS, STRESS, AND DISCOMFORT

You may feel uncomfortable about allowing some of your information to be used. Being in this study is voluntary. You have the right not to participate. If you refuse to participate, there will be no penalty, and you will not lose any benefits, including services you either are currently or might receive in the future. If you consent to participate, all information will be kept strictly confidential. Your information will not be reported in any way that identifies you. You can stop your participation in the evaluation at any time. If you stop your participation in the evaluation, TriWest Group will erase any information that they have so that it will not be used in the future.

OTHER INFORMATION

When the evaluators at TriWest receive your information, it will not contain your name. Also, this form with your signature will be kept in a separate place to

make sure that your name is not linked to your information. We will also keep the information we collect in a locked, safe place. We will destroy all information we receive within five years after the study ends.

If you want to ask questions about this form or about the evaluation study, you may contact Dr. Jesús Sanchez at TriWest Group, at (303) 544-0509. If you have any questions about your rights as a study participant, you may call Dr. David Bartsch at TriWest Group, at (303) 544-0509. You may call either of them collect to avoid long distance charges.

If you agree to participate in the study, please read the following statement and sign below.

Participant's Statement:

"The study described above has been explained to me. I voluntarily consent to participate in this study. I have been told that I can refuse to participate or can withdraw from the study at any time without any penalty. I have had an opportunity to ask questions. I have been told that future questions I may have about the study or about my rights as a participant will be answered by one of the persons listed above."

Signature of Participant	Date
Signature of Staff Obtaining Consent	Date

PF ID #:	_
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Formulario de Consentimiento

Evaluación del Proyecto "Project FOCUS"

Evaluadores: Jesús Sanchez, PhD

Peter Selby, PhD

TriWest Group

4855 Riverbend Road, Suite 100

Boulder, CO 80301

Teléfono: (303) 544-0509

PROPÓSITO Y BENEFICIOS

La Ciudad de El Paso ha recibido fondos federales para ayudar a satisfacer las necesidades de las personas mayores en El Paso. La Ciudad está haciendo esto por medio de un proyecto llamado "Project FOCUS" (Proyecto ENFOQUE). Los fondos otorgados requieren que se evalúe cómo va resultando el proyecto. La Ciudad ha contratado con la compañía TriWest Group para llevar a cabo la evaluación de este proyecto en El Paso. La Substance Abuse and Mental Health Services Administration (Administración de Servicios de Abuso de Substancias y Salud Mental ó SAMHSA) esta fundando el proyecto "Project FOCUS." Ellos han contratado con un grupo llamado Positive Aging Resources Center (Centro de Recursos de Madures Positiva ó PARC) para evaluar este proyecto y otros proyectos similares a través del país.

La evaluación examina la manera en la que varios servicios le ayudan a personas como usted en la comunidad. Puede que los resultados de esta evaluación nos ayuden a encontrar la manera de mejorar estos servicios. También puede que les ayuden a las agencias a colaborar para servir a los adultos maduros y a sus familias.

PROCEDIMIENTOS

Le estamos pidiendo que se ofrezca voluntariamente a participar en la evaluación del proyecto dando permiso al proyecto "FOCUS" para darle cierta información sobre usted a TriWest Group. Examinaremos información sobre los servicios que las personas como usted reciben. Examinaremos información que usted ha dado en cuestionarios sobre sus dificultades con actividades y problemas de la vida



diaria. Por ejemplo, estos cuestionarios hacen preguntas sobre cosas como si usted se puede vestir o alimentar a si mismo(a), y si se siente triste, con nervios, o si se le olvidan las cosas. También le hacen preguntas sobre si usa alcohol o drogas. La información que se mandará a TriWest Group para análisis consiste de sus respuestas a las preguntas en los formularios que aparecen abajo. Es posible que usted ya halla contestado estas preguntas durante una entrevista con su coordinador(a) de servicios. Estos formularios son:

- 1. La Encuesta de el Proyecto ENFOQUE ó "Project FOCUS" (también llamada La Encuesta del Programa de Nutrición de La Ciudad y El Condado de El Paso)
- 2. La Encuesta de el Proyecto ENFOQUE ó "Project FOCUS" (Versión Corta)
- 3. Las Medidas de Resultados de Clientes Para Programas Discrecionales de CMHS-GPRA

También estudiaremos otra información que incluye el tipo de servicios que usted está recibiendo como participante en el proyecto "Project FOCUS" y por cuanto tiempo los ha estado recibiendo.

Su información será combinada con la información de otras personas que también reciben servicios. Toda la información será resumida en reportes que no identificaran a nadie individualmente.

Además de colectar información del proyecto "FOCUS," necesitaremos compartir alguna de ella con otros evaluadores. Mandaremos alguna información al Centro de Recursos de Madures Positiva (Positive Aging Resources Center ó PARC). PARC va a preparar un reporte que describirá la manera en la que otros proyectos como este le ayudan a personas en sus respectivas comunidades. Específicamente, la información que será mandada a PARC por TriWest Group serán sus respuestas a las preguntas contenidas en el formulario llamado "Medidas de Resultados de Clientes Para Programas Discrecionales de CMHS-GPRA." La información que compartiremos con PARC no incluirá su nombre. Los evaluadores que recibirán esta información son personas que están entrenados especialmente para este estudio. No son empleados de ninguna agencia que le está dando servicios a usted.

RIESGOS, ESTRÉS, O MOLESTIAS

Es posible que usted se sienta incómodo(a) permitiendo que alguna de su información sea usada. El participar en este estudio es voluntario. Usted tiene el derecho a no participar. Si usted se niega a participar, no habrá ningún castigo, ni perderá ningún beneficio, ya sean servicios que está recibiendo actualmente o pudiera recibir en el futuro. Si consiente a participar, toda la

información será mantenida estrictamente confidencial. Su información no será reportada en ninguna manera que le identificará. Puede dejar de participar en la evaluación a cualquier momento. Si deja de participar en la evaluación, TriWest Group borrará cualquier información que ellos tengan sobre usted para que no se pueda usar en el futuro.

OTRA INFORMACIÓN

Cuando los evaluadores de TriWest reciban su información, no contendrá su nombre. Además, este papel con su firma se guardara en un lugar separado para asegurar que su nombre no se pueda conectar con su información. También mantendremos la información que recibamos en un lugar seguro, bajo candado. Destruiremos toda la información que recibamos dentro de cinco años después de terminar el estudio.

Si usted tiene alguna pregunta sobre esta forma o sobra el estudio de evaluación, puede ponerse en contacto con el Dr. Jesús Sanchez de TriWest Group al (303) 544-0509. Si tiene alguna pregunta sobre sus derechos como participante en el estudio, puede llamar a Socorro Martinez-Parham de TriWest Group al (915) 774-0023. Puede llamar por cobrar para evitar cargos de larga distancia.

Si usted está de acuerdo en participar en este estudio, por favor lea la siguiente declaración y firme abajo.

Declaración de el/la Participante:

"El estudio que ha sido detallado arriba se me ha explicado. Consiento voluntariamente a participar en este estudio. Se me ha informado que puedo negarme a participar o dejar de participar a cualquier momento sin ningún castigo. He tenido la oportunidad de hacer preguntas. Se me ha informado que cualquier pregunta que yo tenga en el futuro sobre el estudio o sobre mis derechos como participante será contestada por una de las personas enumeradas arriba."

Firma de el/la Participante	Fecha
Firma de Personal Que Obtuvo Consentimiento	Fecha

CONSENT FORM (RETROSPECTIVE VERSION)

EVALUATION OF PROJECT FOCUS

Evaluators:

Jesús Sanchez, PhD

Peter Selby, PhD

TriWest Group

4855 Riverbend Road, Suite 100

Boulder, CO 80301 Phone: (303) 544-0509

PURPOSE AND BENEFITS

The City of El Paso has received a grant from the federal government to help meet the needs of older adults in El Paso. It is doing this through a project called Project FOCUS. The grant requires that someone evaluate how well the project is working. The City has hired a company called TriWest Group to conduct an evaluation of this project in El Paso. The Substance Abuse and Mental Health Services Administration (SAMHSA) is funding Project FOCUS. It has hired a group called the Positive Aging Resources Center (PARC) to evaluate Project FOCUS and other projects like it around the country.

The evaluation looks at the ways that services help people like you in the community. The results of this evaluation may help us find ways to improve these services. They may also help agencies in better working together to serve older adults and their families.

PROCEDURES

We are asking you to volunteer for the evaluation by letting TriWest Group use information about you that it has already received from Project FOCUS, and by letting Project FOCUS continue to give information about you to TriWest Group. We will look at information about the services that people like you receive. We want to see how these services are helping you. We will look at information that you have given on surveys about your difficulties with everyday activities and problems in your daily life. For example, these surveys ask things such as whether you can dress or feed yourself, and whether you feel sad, nervous, or forgetful. They also ask whether you use alcohol or drugs. The information being sent to TriWest Group for analysis consists of your answers to the questions on the forms listed below. You may have already answered these questions during an interview with a care manager. These forms are:



- 1. The Project FOCUS Screening Survey (also called the Screening Survey of the El Paso City-County Nutrition Program)
- 2. The Project FOCUS Screening Follow-Up (Short Form)
- 3. The CMHS GPRA Client Outcome Measures for Discretionary Programs

Other information we will look at includes the kinds of services that you are receiving as a Project FOCUS participant and how long you have been receiving them.

Your information will be combined with information from other people who receive services. All information will be summarized in reports that will not identify anyone individually.

In addition to collecting this information from Project FOCUS, we will need to share some of it with other evaluators. We will send some information to the Positive Aging Resources Center (PARC). PARC is going to write a report that describes the ways that other projects like Project FOCUS help people in their communities. Specifically, the information sent to PARC by TriWest Group will be your answers to the questions on the form called "CMHS GPRA Client Outcome Measures for Discretionary Programs." The information that we share with PARC will not include your name. The evaluators who will receive your information are people who are especially trained for this study. They are not employees of any agency that is providing services to you.

RISKS, STRESS, AND DISCOMFORT

You may feel uncomfortable about allowing some of your information to be used. Being in this study is voluntary. You have the right not to participate. If you refuse to participate, there will be no penalty, and you will not lose any benefits, including services you either are currently or might receive in the future. Also, if you refuse to participate, any information that TriWest Group has already received about you from Project FOCUS will be erased from the evaluation data set so that it cannot be used.

If you consent to participate, all information will be kept strictly confidential. Your information will not be reported in any way that identifies you. You can stop your participation in the evaluation at any time. If you stop your participation in the evaluation, TriWest Group will erase any information that they have so that it will not be used in the future.

OTHER INFORMATION

When the evaluators at TriWest receive your information, it will not contain your name. Also, this form with your signature will be kept in a separate place to make sure that your name is not linked to your information. We will also keep the information we collect in a locked, safe place. We will destroy all information we receive within five years after the study ends.

If you want to ask questions about this form or about the evaluation study, you may contact Dr. Jesús Sanchez at TriWest Group, at (303) 544-0509. If you have any questions about your rights as a study participant, you may call Dr. David Bartsch at TriWest Group, at (303) 544-0509. You may call either of them collect to avoid long distance charges.

If you agree to participate in the study, please read the following statement and sign below.

Participant's Statement:

"The study described above has been explained to me. I voluntarily consent to participate in this study. I have been told that I can refuse to participate or can withdraw from the study at any time without any penalty. I have had an opportunity to ask questions. I have been told that future questions I may have about the study or about my rights as a participant will be answered by one of the persons listed above."

Signature of Participant	Date
Signature of Staff Obtaining Consent	Date

Formulario de Consentimiento (Versión Retrospectiva)

Evaluación del Proyecto "Project FOCUS"

Evaluadores: Jesús Sanchez, PhD

Peter Selby, PhD

TriWest Group

4855 Riverbend Road, Suite 100

Boulder, CO 80301

Teléfono: (303) 544-0509

PROPÓSITO Y BENEFICIOS

La Ciudad de El Paso ha recibido fondos federales para ayudar a satisfacer las necesidades de las personas mayores en El Paso. La Ciudad está haciendo esto por medio de un proyecto llamado "Project FOCUS" (Proyecto ENFOQUE). Los fondos otorgados requieren que se evalúe cómo va resultando el proyecto. La Ciudad ha contratado con la compañía TriWest Group para llevar a cabo la evaluación de este proyecto en El Paso. La Substance Abuse and Mental Health Services Administration (Administración de Servicios de Abuso de Substancias y Salud Mental ó SAMHSA) esta fundando el proyecto "Project FOCUS." Ellos han contratado con un grupo llamado Positive Aging Resources Center (Centro de Recursos de Madures Positiva ó PARC) para evaluar este proyecto y otros proyectos similares a través del país.

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PROCEDIMIENTOS

Le estamos pidiendo que se ofrezca voluntariamente a participar en la evaluación del proyecto dando permiso a TriWest Group para usar información sobre usted que ya ha recibido del proyecto "FOCUS," y permitiendo al proyecto "FOCUS" a continuar a darle cierta información sobre usted a TriWest Group. Examinaremos información sobre los servicios que las personas como usted reciben. Examinaremos información que usted ha dado en cuestionarios sobre sus dificultades con actividades y problemas de la vida diaria. Por ejemplo, estos cuestionarios hacen preguntas sobre cosas como si usted se puede vestir o alimentar a si mismo(a), y si se siente triste, con nervios, o si se le olvidan las cosas. También le hacen preguntas sobre si usa alcohol o drogas. La información que se mandará a TriWest Group para análisis consiste de sus respuestas a las preguntas en los formularios que aparecen abajo. Es posible

que usted ya halla contestado estas preguntas durante una entrevista con su coordinador(a) de servicios. Estos formularios son:

- 1. La Encuesta de el Proyecto ENFOQUE ó "Project FOCUS" (también llamada La Encuesta del Programa de Nutrición de La Ciudad y El Condado de El Paso)
- 2. La Encuesta de el Proyecto ENFOQUE ó "Project FOCUS" (Versión Corta)
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Si consiente a participar, toda la información será mantenida estrictamente confidencial. Su información no será reportada en ninguna manera que le



identificará. Puede dejar de participar en la evaluación a cualquier momento. Si deja de participar en la evaluación, TriWest Group borrará cualquier información que ellos tengan sobre usted para que no se pueda usar en el futuro.

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Firma de el/la Participante	Fecha
Firma de Personal Que Obtuvo Consentimiento	- Fecha

Institutional Review Board



TRIVILST GROUP

Jesús Sanchez, Ph.D. TriWest Group 4855 Riverbend Road, Suite 100 Boulder, Colorado 80301

August 09, 2004

Dear Dr. Sanchez:

Your submission to the TriWest Group Institutional Review Board for the Project FOCUS evaluation has been reviewed. I am pleased to inform you that the IRB has approved your submission with the following conditions:

- 1. The IRB felt that a separate informed consent form should be used for people from whom retrospective consent is being requested. The consent form should include a statement to the effect that the evaluation has already received data for them. It should also be clear, as you explain in your application, that, should they not give consent for the evaluation to use their data; the data will be removed from the data set.
- 2. Review the informed consent training to ensure that the care manager is neutral, and does not introduce any demand characteristics in the consent process with the participants.
- 3. Add description to the consent forms about the kinds of questions/content included in the three surveys (see attached consent form). Also, make minor language changes to the purpose and benefits section as noted in the attached consent form.
- 4. Add more explicit_language to the risks section of the consent form about participants not losing services (see attached consent form).

The formal date of approval of your informed consent process and document(s) with conditions satisfied as specified above is August 7, 2004. Approval will expire on 9/30/2005, the project end date stated in your application. Please send copies of the revised consent forms to Dr. David Bartsch at your earliest convenience. Please be aware that failure to comply with the directives of an IRB is a violation of federal law.

The IRB will conduct a review of the Project Focus research activities in one year. If there are any amendments to the approved application before then, please submit those for approval prior to implementing them. Before the annual review, you will receive a letter notifying you of the review date and the submission deadline for required review materials.

Sincerely.

David Bartsch, Ph.D.

TriWest Group Institutional Review Board Chair

Cc: Andrew Keller, Ph.D., Peter Selby, Ph.D.

IRS Non-Profit Status Determination Letter

Internal Revenue Service

Date: April 15, 2004

City of El Paso Texas % Comptroller's Office 2 Civic Center Plaza Rm. 202 El Paso, TX 79901-1153 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Brenda Fox 31-07209
Customer Service Representative
Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST 877-829-5500

Fax Number: 513-263-3756

Federal Identification Number:

74-6000749

Dear Sir/Madam:

This is in response to your request of April 15, 2004, regarding your organization's exemption from Federal income tax.

As a governmental unit or a political subdivision thereof, your organization is not subject to Federal income tax under the provisions of Section 115(1) of the Internal Revenue Code, which states in part:

"Gross income does not include income derived from ... the exercise of any essential governmental function and accruing to a State or any political subdivision thereof ..."

Because your organization is a governmental unit or a political subdivision thereof, its income is not taxable as explained above. Contributions used exclusively for public purposes are deductible under Section 170(c)(1) of the Code.

Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Your organization may obtain a letter ruling on its status under section 115 by following the procedures specified in Rev. Proc. 2002-1 or its successor.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely.

for Janna K. Skufca, Director, TE/GE

Sarbara C. Rodibush

Customer Account Services

Copy of Most Recent Audit (Substituted for IRS 990)



Schedule of Expenditures of Federal and State Awards August 31, 2003

(With Independent Auditors' Reports Thereon)

Schedule of Expenditures of Federal and State Awards August 31, 2003

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KPMG LLP Suite 1300 221 N. Kansas Street PO Box 522551 El Paso, TX 79999-0010

> Independent Auditors' Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards and the State of Texas Uniform Grant Management Standards

The Honorable Mayor and Members of the City Council City of El Paso, Texas:

We have audited the basic financial statements of the City of El Paso, Texas (the City) as of and for the year ended August 31, 2003, and have issued our report thereon dated January 9, 2004, which included a reference to a change in accounting principles due to the adoption of Governmental Accounting Standards Board (GASB) Statement No. 39, Determining Whether Certain Organizations Are Component Units, an Amendment to GASB Statement 14, effective September 1, 2002, and a reference to the report of other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, and the State of Texas Uniform Grant Management Standards, issued by the Governor's Office of Budget and Planning. The financial statements of the City Employees' Pension Fund were not audited in accordance with Government Auditing Standards and the State of Texas Uniform Grant Management Standards. The financial statements of the Public Service Board – City of El Paso (El Paso Water Utilities) were audited by other auditors whose report has been furnished to us, and our report on compliance and on internal control over financial reporting, insofar as it relates to the El Paso Water Utilities, is based solely on the report of the other auditors.

Compliance

As part of obtaining reasonable assurance about whether the City's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests and the report of other auditors disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards or the State of Texas Uniform Grant Management Standards.

Internal Control over Financial Reporting

In planning and performing our audit, we considered the City's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the basic financial statements and not to provide assurance on internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of

one or more of internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the Mayor, City Council members and management of the City, the federal and state cognizant agencies, other federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

KPMG LLP

January 9, 2004

Schedule of Expenditures of Federal and State Awards Year ended August 31, 2003

Grant title	CFDA number	Federal grant number	Subrecipient expenditures	Total
FEDERAL AWARDS			expenditures	expenditures
U.S. Department of Agriculture Pass through Texas Department of Health: W.I.C. W.I.C.	10.557	7460007499-01-11	s	•
W.I.C.	10.557 10.557	7460007499-00-12 7460007499-02-12		712,818 20
Total U.S. Department of Agriculture				4,249,909
U.S. Department of Housing and Urban Development				4,962,747
Supportive Housing Program Community Development Block Grant	14.235 14.218	TX01B902001		32,523
Community Development Block Grant CDBG Revolving Loan Fund Total CFDA Number 14.218 Home Investment Partnership Home Investment Partnership	14.218 14.218 14.218 14.218 14.218 14.218 14.218 14.218	B95-MC-48-0015 B96-MC-48-0015 B97-MC-48-0015 B98-MC-48-0015 B99-MC-48-0015 B00-MC-48-0015 B01-MC-48-0015 B01-MC-48-0015 M-00-MC-48-0214 M-01-MC-48-0214	1,472,267	1,795 545 52,942 172,581 538,686 5,481,970 3,323,082 676 1,866,105 11,438,382 * 323,824
Total CFDA Number 14.239	14.239	M-02-MC-48-0214		1,565,810
Empowerment Zone Planning and Implementation Grant	140			2,909,451 4,799,085
Total U.S. Department of Housing and Urban Development	14.244	EZ-99-TX-0013		2,320,266
. <u>Department of the Interior</u> Irban Park Recovery	15.010		1,472,267	18,590,256
Total U.S. Department of the Interior	15.919	48-CTY-2190-01-01		274,743
				274,743
		3		(Continued)

Schedule of Expenditures of Federal and State Awards

Grant title	CFDA number	Federal grant number	Subrecipient expenditures	Total expenditures
J.S. Department of Justice				expenditures
Pass through Governor's Office of Criminal Justice:				
Juvenile Justice Block Grant – SHOCAP	16.523	ID 00 120 12250 02		
Juvenile Justice Block Grant - SHOCAP	16.523	JB-00-J20-13359-03 JB-01-J20-13359-04	\$	(78,724)
Juvenile Justice Block Grant - Underage Drinking	10/020	30-01-320-13339-04		292,289
Initiative	16.523	JB-00-J20-15026-02		,
Juvenile Justice Block Grant – Underage Drinking Initiative		111111111111111111111111111111111111111		85,100
	16.523	JB-02-J20-15026-04		
Total CFDA Number 16.523				130,448
Domestic Violence Training Grant	16.526	SF-02-A10-15829-1		429,113
Domestic Violence Training Grant	16.526	SF-02-A10-15829-1 SF-02-A10-15829-1		18,329
Total CFDA Number 16.526		61 -02-A10-13829-1		4,692
Victims of Crime Act	16.555			23,021
Victims of Crime Act	16.575 16.575	VA-02-V30-13590-04		44,911
Total CFDA Number 16.575	10.575	VA-02-V30-13590-05		9,418
Victims Assistance Grant				54,329
	16.576	02G00604		
Victims Assistance Discretionary Grant	16.582	02G02871		32,819
Violence Against Women Formula Grant	16.588	WF-98-V24-13413		92,430
Violence Against Women Formula Grant	16.588	WF-01-V30-13413-04	-	43,806
Violence Against Women Formula Grant	16.588	WF-00-V30-13413-03		47,808
Total CFDA Number 16.588				(46,885)
Local Law Enforcement Block Grant	16.592	2002-LB-BX-2274		44,729
Local Law Enforcement Block Grant	16.592	2002-LB-BX-22/4 2000-LB-BX-1725		153,491
Local Law Enforcement Block Grant Equipment		2000-EB-BA-1723	 .	283,631
and Technology Grant	16.592	2001-LB-BX-3286		
Total CFDA Number 16.592	•			452,821 *
Metropolitan Medical Response System	16.007	282.00.0020		889,943
Bulletproof Vest Program	16.607	282-99-0022		46,211
- G	10.607	010-07-274		14,280

Schedule of Expenditures of Federal and State Awards

Grant title	CFDA number	Federal grant number		ubrecipient (penditures	Total expenditures
C.O.P.S. Culture of Integrity C.O.P.S. Universal – Federal Crime Bill C.O.P.S. Hiring Award C.O.P.S. More – Civilian Award C.O.P.S. More – Civilian Award C.O.P.S. In Schools C.O.P.S. More – Civilian Award Total CFDA Number 16.710	16.710 16.710 16.710 16.710 16.710 16.710	95CCWX0207 95CCWX0207 95CCWX0207 99CLWX0259 2000CLWX0038 2001SHWX0634 1999CLWX0259	\$.		41,847 2,832,537 1,412,036 353,312 85,855 144,819 101,772
Total U.S. Department of Justice					4,972,178 *
U.S. Department of Labor Youth Offenders Program	17.261				6,599,053
Total U.S. Department of Labor	17.201	FY99			52,613
U.S. Department of Transportation					52,613
Pass through State Department of Highways and Public Transportation: TXDOT DWI Detection TXDOT DWI Detection TXDOT Impaired Driving Step TXDOT Speed Step TXDOT Safe Communities TXDOT Step Wave TXDOT Speed Step TXDOT Click It or Ticket TXDOT Click It or Ticket Total CFDA Number 20.600	20.600 20.600 20.600 20.600 20.600 20.600 20.600 20.600	582XXF6004 583XXF6021 584XXF6024 581XXF6006 580XXF6020 583XXF6063 582XXF6020 582XXF6077 583XXF6122			22,495 153,066 24,886 42,530 39,426 7,728 4,830 68,376 75,975
Total U.S. Department of Transportation					439,312
ate Department of Highways FHWA/TZDOT/MPO FHWA/TZDOT/MPO FHWA/TSDOT/MPO FHWA/TSDOT/MPO FHWA/TSDOT/MPO	20.000 20.000 20.000	- - -			439,312 143,364 6,710
	20.000	_			125,855 64
		5			

Schedule of Expenditures of Federal and State Awards

Grant title	CFDA number	Federal grant number		Subrecipient expenditures	Total
FHWA/TSDOT/MPO FHWA/NM/MPO	20.000 20.000	_	\$		expenditures 828,633
Total State Department of Highways	20.000	-			2,727
Environmental Protection Agency Air Pollution Control Air Pollution	66.001	A-006154-97-2 A-006154-02			1,107,353 331,358
Total CFDA Number 66.001			-		45,743
El Paso Rio Bosque Wetlands Project EMPACT – EPA Environmental Grant	66.461 66.500	CD986224-01			377,101 1,120
Brownsfield Site Assessment	66.811	82796401			68,053
Total Environmental Protection Agency	00.811	BP-9868-6001-0			28,929
ction Pass through Texas Department of Aging.					475,203
Foster Grandparent Program Foster Grandparent Program	94.011 94.011	01SFWTX003 01SFWTX003			36,551
Total CFDA Number 94.011					480,436
Retired Seniors Volunteer Program Retired Seniors Volunteer Program	94.002 94.002	02SRWTX016			516,987 69,881
Total CFDA Number 94.002	3 00 2	02SRWTX016			78,248
Total Action					148,129
deral Emergency Management Administration Pass through Texas Department of Public Safety: Emergency Management FY2002					665,116
Emergency Management FY2000	83.534 83.534	FY2002 FY2003			9,458
Total CFDA Number 83.534	•		****		206,852
Total Federal Emergency Management Administration					216,310
					216,310

Schedule of Expenditures of Federal and State Awards

Grant title	CFDA number	Federal grant number		Subrecipient expenditures	Total
U.S. Department of Education					expenditures
Pass through Texas State Library					
Library Services – TTPLS	84.024	•			
Library Services - TTPLS	84.034 84.034	476-01005	\$		***
Total CFDA Number 84.034	04.034	470-02005			411,387
Technical Assistance Negotiated Grant					
Technical Assistance Negotiated Grant	45.310	476-01015			408,852
Telecommunications Infrastructure Fund	45.310	476-02015		 .	71,971
Telecommunications Infrastructure Fund	45.310	QE-1999-TA1S-1917			(5)
Total CFDA Number 45.310	45.310	QE-2000-LTA4S-4206		-	142,607
Loan Star Libraries Grant					(85)
	84.000	442-03150			214,488
Total U.S. Department of Education					43,939
S. Department of Health and Human Services					667,279
HHSC – Enterprise Community	14.244	G-9502-TX-ECUP			
HHSC - Substance Abuse Grant	93.243	1H79SM54759-01			27,872
Total U.S. Department of Health and		11179314134739-01			93,514
Human Services					
enter for Disease Control					121,386
CDC TB Outreach	93.116	61 6000=			
CDC TB Outreach	93.116	7460007499-00-02			170.463
CDC TB Outreach	93.116	7460007499-02-01			179,462
ass through Texas Department of Health:	>3.110	7460007499-02-03			19 112,021
CDC Nonmonetary Assistance – Immunizations	03.116				112,021
Total Center for Disease Control	93.116	- .			2.764.015 *
coutive Office of the President					2,764,915 *
IDTA – Airport Task Force	7 000				3,056,417
IDTA - Intelligence Initiative FY2003	7.000	I7PSWP566			
IDTA – Source City Narcotics	7.000	I8PSWP557			95,017
IDTA – GRAB	7.000	I8PSWP558			32,667
IDTA – GRAB	7.000	IIPSWP557			15,368
•	7.000	13PSWP574		 -	168,529
					3,737
		7			

Schedule of Expenditures of Federal and State Awards

Grant title	CFDA number	Federal grant number	recipient enditures	Total
HIDTA – Multiagency FY99 HIDTA – Multiagency FY2000 HIDTA – Hijack FY2000 HIDTA – Hotel/Motel FY2000 HIDTA – Stash House Initiative FY2000 HIDTA – Intelligence Initiative FY2000 HIDTA – Hijack FY2001 HIDTA – Multiagency FY2001 HIDTA – Hotel/Motel FY2001 HIDTA – Intelligence Initiative FY2001 HIDTA – Intelligence Initiative FY2001 HIDTA – Hijack FY2002 HIDTA – Multiagency FY2002 HIDTA – Multiagency FY2003 HIDTA – Multiagency FY2003 HIDTA – Hotel/Motel FY2002 HIDTA – Intelligence Initiative FY2002 HIDTA – Stash House Initiative FY2002 HIDTA – Stash House Initiative FY2003 Total Executive Office of the President	7.000 7.000	19PSWP558 10PSWP558 11PSWP557 10PSWP574 10PSWP572 11PSWP557 11PSWP558 11PSWP566 11PSWP572 11PSWP574 12PSWP552 12PSWP558 13PSWP574 12PSWP574 12PSWP574 12PSWP574 12PSWP574 12PSWP574 13PSWP574	\$ 	2,196 1,940 (81) 27,073 5,083 (2,184) (5,313) (614) 83,964 4,112 39,344 702,729 194,136 8,956 133,692 86,799 343,322 28,798 1,969,270 *
National Endowment for the Humanities Consultation Grant Total National Endowments for the Humanities	6.000	HP-20110-01		2,043
ederal Transit Program <u>irport Improvement Gran</u> t Total Federal Awards	20.507 20.106	various grants AIP3-48-0077-2002	\$ 1,472,267	2,043 9,102,325 * 3,939,230 * 52,240,656

Schedule of Expenditures of Federal and State Awards

Grant title		State grant number		Subrecipient expenditures	Total expenditures
STATE AWARDS					expenditures
<u>Texas Historical Commisssio</u> n Historic Research Survey Archeology Awareness		48-01-16444.007	\$		(1,098)
Total Texas Historical Commission					750
<u> Texas Arts Council</u>					(348)
TCA Exhibit Support – Munoz TCA Exhibit Support – Munoz TCA Exhibit Support – Reveles TCA Exhibit Support – FY2003 TCA Adv/Apprent Init – Minor Intershelf TCA Adv/Apprent Init – Minor Intershelf TCA Advance/Services FY2003 TCA Arts in Education TCA Subgranting and Admin FY2003 Total Texas Arts Council		04-25074 04-25076 04-25076 04-25076 04-25076 04-25076 04-25076 04-25076 04-25075		 	3,907 5,794 5,555 1,500 3,977 551 15,562 7,531
exas Department of Aging					122,201
Foster Grandparent Program Retired Seniors Volunteer Program Retired Seniors Volunteer Program		02SFWTX012 01NRWTX016 02SFWTX016			3,211 1,838
Total Texas Department of Aging		3237 17 121010			28,189
exas Department of Health			 , <u>-</u>		33,238
TDH – Tuberculosis TDH – Tuberculosis		7460007499-02-04 7460007499-03-04		-	17,986
Total TDH – Tuberculosis					519,240
HIV Surveillance HIV Surveillance HIV Surveillance	93.944 93.944	7460007499-99-01 7460007499-97-17		,	537,226 * 17,241
Total HIV Surveillance	93.944	7460007499-03-02			24,141 11,378
					52,760

Schedule of Expenditures of Federal and State Awards

Grant title		State grant number		Subrecipient expenditures	Total expenditures
STD Admin STD Admin		7460007499-02-06	\$		2,495
Total STD Admin		7460007499-03-06			52,806
TDH Office Regional Planning	93.991	7460007499-03-01			55,301
TDH Office Regional Planning	93.991	7460007499-03-01			160,455
Total TDH Office Regional Planning					5,285
TDH – Immunization TDH – Immunization		7460007499-03-09		-	165,740
		7460007499-02-09			1,363,103
Total TDH – Immunization			,		52,430
TDH Bureau of Clinical and Nutritional Services - Core			·····		1,415,533
TDH Bureau of Clinical and Nutritional		7460007499-02-13			4,110
Services - Core		7460007499-03-08			,,,,,
Total TDH Bureau of Clinical and Nutritional Services – Core		. 100007477-03-08			113,086
TDH Bureau of Clinical and Nutritional Services – Title V					117,196
TDH Bureau of Clinical and Nutritional Services – Title V		-			10,547
Total TDH Bureau of Clinical and Nutritional Services – Title V		-			188,920
Medicaid Administrative Claiming			·		199,467
Medicaid Administrative Claiming		- .			1,361
Total Medicaid Administrative Claiming					35,057
DH Asbestos	66.001	7460007499-02-11	-		36,418
DH Asbestos	66.001	7460007499-03-15			3,836
Total TDH Asbestos					65,076
					68,912

Schedule of Expenditures of Federal and State Awards

Grant title	State grant number	Subrecipient expenditures	Total expenditures
Childhood Lead Poisoning Prevention Program Childhood Lead Poisoning Prevention Program	7460007499-02-10A 7460007499-03-13	s	(5,561)
Total Childhood Lead Poisoning Prevention Program			63,220
Lab Bio Terrorism Preparedness	7460007499-03-14		57,659
Sexually Transmitted Diseases Sexually Transmitted Diseases	7460007499-03-09 7460007499-02-05		<u>202,243</u> 37,130
Total Sexually Transmitted Diseases	7 10000 7 4777-02-03		18,571
TDH Vector Initiative TDH Vector Initiative	7460007499-03-01		55,701 8,038
Total TDH Vector Initiative	-	·	75,177
Public Health Prep	7460007400 02 10		83,215
Total Texas Department of Health	7460007499-03-10	•	752,359
exas Commission on Environmental Quality			3,799,730
Air Quality Air Quality Total Air Quality	582-3-51314 582-2-47338		412,003 11,523
Air Quality Pass Through			423,526
Air Quality Pass Through Total Air Quality Pass Through	582-2-89438 582-2-89438		145,728 3,245
Curb Side Recycling			148,973
Household Hazardous Waste	04-08-G05		12,400
PM Sampling	04-08-G07		73,221
PM Sampling	582-3-55808 582-1-87081		79,595
Total PM Sampling			1,782
			81,377

Schedule of Expenditures of Federal and State Awards

Grant title	State grant number	Subrecipient expenditures	Total expenditures
Border Air Monitoring Grant Border Air Monitoring Grant	582-3-55815 582-1-89385	\$	26,939
Total Border Air Monitoring Grant	302-1-09303		6,690
Total Texas Commission on Environmental Quality			33,629
Governor's Office of Criminal Justice ATPA	G4 701 40000 ·		773,126
ATPA	SA-T01-10050-02 SA-T01-10050-03	-	27,077
Total ATPA	5A-101-10030-03		1,119,616
Project Spotlight	SA-01-T01-09353		1,146,693
Project Spotlight	JB-00-J20-16402-01		96,366
Project Spotlight Project Spotlight	JB-01-J20-16401-01		49,306
- 5	SF-02-A10-14932-05		50,644 2,278
Total Project Spotlight			198,594
Juvenile Compliance Project Juvenile Compliance Project	JA-00-J20-15409-02	-	
Total Juvenile Compliance Project	SF-03-J20-15409-03		100 50,072
Total Governor's Office of Criminal Justice			50,172
Paso Community Foundation and Other Grants			1,395,459
Challenge America			
Tobacco Law Enforcement	-		2,226
Texas Forest Service Arborist	· -	*****	9,449
School Service Private Awards	_		839
Baker Taylor Book Settlement	-	·	17,203
Graffiti Clean Up Project	· –		39,913
& B Marcus Foundation	-		421,527
aso Del Norte Ageless Health Initiative	-		16,889
aso Del Norte Clean Air	-		38,590
	_		30,379

Schedule of Expenditures of Federal and State Awards Year ended August 31, 2003

Grant title	State grant number	Subrecipient expenditures	Total expenditures
Paso Del Norte Health Foundation		•	
Alliance for Senior Involvement	-	\$	45,049
Heartland Arts Fund Heartland Arts Fund	FY04-0410		3,600
Total Heartland Arts Fund	FY04-0410		4,500
YISD Donations for the Arts			8,100
EPISD Donations for the Arts	.		5,000
SISD Donations for the Arts			3,015
Begin at Birth Literacy Grant	-		3,000
PSB Funded Capital Projects	-		10,800
Total El Paso Community Foundation and Other Grants	-		429,821
Total State Assess	·	\$	1,081,967
Total State Awards		\$	6,123,406

^{*} Major program

See accompanying notes to the schedule of expenditures of federal and state awards.

Notes to the Schedule of Expenditures of Federal and State Awards August 31, 2003

(1) General

Overview of the City of El Paso, Texas' Fiscal 2003 Annual Audit

The City of El Paso, Texas (the City) is the recipient of various federal and state awards. The grant programs are administered by various departments within the City. The activities of these organizations are monitored by City staff to ensure compliance with the requirements of the underlying grants.

The accompanying schedule of expenditures of federal and state awards presents activity of all federal and state financial assistance programs of the City for the year ended August 31, 2003. The City's reporting entity is defined in note 1(A) to the City's basic financial statements. Federal and state awards received directly from federal and state agencies, as well as federal and state financial assistance passed through other entities, are included on the schedule of expenditures of federal and state awards.

(2) Basis of Accounting

The accompanying schedule of expenditures of federal and state awards is presented using the cash basis of accounting except for the FAA Airport Improvement grant and the FTA Capital and Planning grants, which use the full accrual basis of accounting.

(3) Revolving Loan Programs

The City administers federal loan programs. These programs are initiated with a grant of federal funds and are sustained after the original money is disbursed in loans by using principal payments for subsequent loans to qualified borrowers. The interest received is considered to be program income and is used to pay administrative costs associated with the programs as well as for subsequent loans. As of August 31, 2003, outstanding principal balances of these loans were as follows:

Federal grantor/program title	Federal CFDA No.		Loans receivable principal
Department of Commerce: Economic Development Administration	11.305	 \$	4,137,870
Department of Housing and Urban Development: Community Development Block Grant (CDBG)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
and Urban Development Assistance Grant	14.218		13,026,446
CDBG Historic Preservation	14.218		2,006
CDBG Economic Development Lomalinda	14.218		93,960
···	14.218		79,576
Home Investment Partnerships	14.239		19,272,646
Total revolving loans		\$_	36,612,504

Notes to the Schedule of Expenditures of Federal and State Awards August 31, 2003

(4) Commodities

The Texas Department of Human Services – Health Department provided vaccines to the El Paso City – County Health Department. All vaccines are funded by the Center for Disease Control in the amount of \$2,764,915 as shown in the schedule of expenditures of federal and state awards.

(5) Federal Loan

During fiscal year ended August 31, 1992, the City received a \$3,000,000 federal loan for construction work on the International Zaragosa Bridge. The balance of the loan at August 31, 2003 is \$1,850,000.

There are no significant continuing compliance requirements.

(6) Adjustments to Revenue and Expenditures

The accompanying schedule reflects certain adjustments resulting from final adjustments to closed grants and transfers between grants. As a result, certain grants show negative expenditures.

(7) Relationship to Financial Statements

Federal and state financial assistance programs are reported in the City's financial statements primarily in the Community Development Block Grants and Other Governmental Funds. Certain programs are included in the enterprise funds, of which certain grants are reported as capital contributions in the Income (Loss) Before Capital Contributions and Transfers section of the Statement of Revenue, Expenses, and Changes in Fund Net Assets (Deficit) Proprietary Funds.

(8) Relationship to Federal and State Financial Reports

Amounts reported in the accompanying schedule of expenditures of federal and state awards may not agree with the amounts reported in the related federal and state financial reports filed with grantor agencies because of accruals which would be included in the subsequent reports filed with the agencies.



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Independent Auditors' Report on Compliance with Requirements Applicable to Each Major Federal and State Program, on Internal Control over Compliance in Accordance with OMB Circular A-133 and the State of Texas *Uniform Grant Management Standards* and Report on the Schedule of Expenditures of Federal and State Awards

The Honorable Mayor and Members of the City Council City of El Paso, Texas:

Compliance

We have audited the compliance of the City of El Paso, Texas (the City) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the State of Texas Uniform Grant Management Standards that are applicable to each of its major federal and state programs for the year ended August 31, 2003. The City's major federal and state programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal and state programs is the responsibility of the City's management. Our responsibility is to express an opinion on the City's compliance based on our audit.

The City's financial statements include operations of the Public Service Board – City of El Paso (El Paso Water Utilities), a discretely presented component unit of the City, which received \$6,694,770 in federal awards in its fiscal year ended February 28, 2003, which are not included in the schedule of expenditures of federal and state awards for the year ended August 31, 2003. Our audit, described below, did not include the operations of the El Paso Water Utilities because the component unit engaged other auditors to perform an audit in accordance with OMB Circular A-133.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and the State of Texas Uniform Grant Management Standards. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal or state program occurred. An audit includes examining, on a test basis, evidence about the City's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the City's compliance with those requirements.

In the accompanying schedule of findings and questioned costs, as described in item 03-1, the City did not comply with the requirements regarding equipment and real property management that are applicable to its Local Law Enforcement Block Grant major federal program. Compliance with such requirements is necessary, in our opinion, for the City to comply with the requirements applicable to this program.

In our opinion, except for the noncompliance described in the preceding paragraph, the City complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal and state programs for the year ended August 31, 2003. The results of our auditing procedures also disclosed other instances of noncompliance with those requirements, which are required to be reported in accordance with OMB Circular A-133 and which are described in the accompanying schedule of findings and questioned costs as items 03-2, 03-3, and 03-4, and in accordance with the State of Texas *Uniform Grant Management Standards* and which are described in the accompanying schedule of findings and questioned costs as items 03-5 and 03-6.

Internal Control over Compliance

The management of the City is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal and state programs. In planning and performing our audit, we considered the City's internal control over compliance with requirements that could have a direct and material effect on a major federal or state program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and the State of Texas *Uniform Grant Management Standards*.

We noted certain matters involving internal control over compliance and its operation that we consider to be reportable conditions. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of internal control over compliance that, in our judgment, could adversely affect the City's ability to administer a major federal or state program in accordance with applicable requirements of laws, regulations, contracts, and grants. The reportable conditions are described in the accompanying schedule of findings and questioned costs as items 03-1, 03-2, 03-3, 03-4, 03-5, and 03-6.

A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with the applicable requirements of laws, regulations, contracts, and grants that would be material in relation to a major federal or state program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. Our consideration of internal control over compliance would not necessarily disclose all matters in internal control that might be reportable conditions and, accordingly, would not necessarily disclose all reportable conditions that are also considered to be material weaknesses. However, of the reportable conditions described above, we consider item 03-1 to be material weakness.

Schedule of Expenditures of Federal and State Awards

We have audited the basic financial statements of the City as of and for the year ended August 31, 2003 and have issued our report thereon dated January 9, 2004, which included a reference to a change in accounting principle and the report of other auditors. Our audit was performed for the purpose of forming an opinion on the basic financial statements of the City, taken as a whole. The accompanying schedule of expenditures of federal and state awards for the year ended August 31, 2003 is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and the State of Texas Uniform Grant Management Standards, and is not a required part of the basic financial statements. Such information has been subjected

to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

This report is intended solely for the information and use of the Mayor, City Council members and management of the City, the federal and state cognizant agencies, other federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

KPMG LIP

January 9, 2004

Schedule of Findings and Questioned Costs
August 31, 2003

SECTION I – SUMMARY OF AUDITORS' RESULTS

Financial Statements		
Type of auditors' report issued:	Unqualified	
Internal control over financial reporting:		
 Material weakness(es) identified? 	yes	_X_ no
 Reportable condition(s) identified that are not considered to be material weaknesses? 	yes	X none reported
Noncompliance material to financial statements noted:	yes	X no
Federal Awards		
Internal control over major programs:		
• Material weakness(es) identified?	X yes	no
 Reportable condition(s) identified that are not considered to be material weakness(es)? 	X yes	none reported
Type of auditors' report issued on compliance for major programs:	Qualified	'
Any audit findings disclosed that are required to be reported in accordance with section 510(a) of Circular A-133:	<u>X</u> yes	no
State Awards		
Internal control over major programs:		
• Material weakness(es) identified?	yes	_X no
 Reportable condition(s) identified that are not considered to be material weakness(es)? 	X yes	none reported
Type of auditors' report issued on compliance for major programs:	Qualified	
Any audit findings disclosed that are required to be reported in accordance with State of Texas UGM Standards:	_X yes	по

Schedule of Findings and Questioned Costs August 31, 2003

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
07.000	High Intensity Drug Trafficking Area
10.557	Nutrition Program for Women, Infants, and Children
14.218	Community Development Block Grants/Entitlement Program
16.592	Local Law Enforcement Block Grant
16.710	Community Oriented Policing Services Grants
20.106	Federal Aviation Grant
20.507	Federal Transit Grant
93.116	CDC Nonmonetary Assistance - Immunizations
	Name of State Program or Cluster
	TDH - Immunization
	TDH - Tuberculosis
	Air Quality
	Public Health Preparedness

Dollar threshold used to distinguish between type A and type B programs:	Federal State	\$ 1,567,220 \$ 300,000
Auditee qualified as low-risk auditee for federal and state programs?	yes	X no

Schedule of Findings and Questioned Costs
August 31, 2003

SECTION II – FINDINGS RELATING TO THE FINANCIAL STATEMENTS REPORTED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

No such findings noted for the fiscal year ended August 31, 2003.

Schedule of Findings and Questioned Costs August 31, 2003

SECTION IV - FINDINGS AND QUESTIONED COSTS

FEDERAL AWARDS

Finding 03-1: Equipment and Real Property Management

Program/Grant:

Local Law Enforcement Block Grant

CFDA No.:

16.592

Federal Agency:

U.S. Department of Justice

Grant Number:

G210223, G210312

Pass-through Entity:

None

Type of Finding:

Material Weakness and Material Noncompliance

Questioned Cost:

\$452,821

Condition:

Per A-102 Common Rule specific grant requirements, 1) accurate records maintained on all acquisitions and dispositions of property acquired with federal awards; 2) property tags are placed on equipment; 3) a physical inventory of equipment is periodically taken and compared to property records; and 4) property records contain descriptions (including serial number or other identification number), source, who holds title, acquisition date and cost, percentage of federal participation in the cost, location, condition, and disposition of data.

Effect:

Per inquiry of Bob Adkinson, Police Coordinator II, Debbie Tombosky, Accountant III, and Frank Keton, Accountant IV, we noted that a physical inventory of the El Paso Police Department was not completed on a timely basis. As a result, no listing of inventory purchased with LLEBG funds was available. As a periodic physical inventory of equipment was not taken, a comparison to property records was not performed. The property records did not include descriptions, source, title owner, acquisition date and cost, etc.

Cause:

We noted that the failure to comply with the equipment requirements is due to inadequate internal controls in place over equipment.

Recommendation:

We recommend that the LLEBG administrator implement a process that includes a periodic physical inventory of equipment at the City of El Paso Police Department. We also recommend that the LLEBG administrator maintain a physical inventory detail listing equipment that is purchased with LLEBG funds separately from the overall inventory listing of the City.

Schedule of Findings and Questioned Costs
August 31, 2003

Management's Response and Corrective Action Plan

The City of El Paso Police Department has recently reorganized and now has a fully staffed grant section that is aware of and responsible for the Federal requirements regarding capital asset acquisition and reporting imposed under OMB Circular A-102. The City is currently implementing a new fixed asset module to our financial system. This module will keep track of all fixed assets and has the ability to identify the funding source on all assets purchased. This will enable the City to report on assets in a variety of ways, to include assets purchased with Federal funds. The City of El Paso expects that this module will be fully operational and usable for financial reporting for the fiscal year ending August 31, 2005. This module will be interfaced directly from our payables system; therefore, no monitoring will be required. The City of El Paso Police Department will conduct a periodic inventory in fiscal year 2004. The responsible party for corrective action is Chief Richard Wiles, El Paso Police Department.

Schedule of Findings and Questioned Costs August 31, 2003

Finding 03-2: Reporting

Program/Grant:

HIDTA

CFDA No.:

07.000

Federal Agency:

Executive Office of the President

Grant Number:

I1PSWP557, I7PSWP566, I8PSWP557, I8PSWP558

Pass-through Entity:

None

Type of Finding:

Reportable Condition and Noncompliance

Questioned Cost:

None

Condition:

Per OMB Circular A-133 and specific grant requirements, forms SF270, Request for Reimbursement, and SF269, Financial Status Report, are due within 30 days of the end of each month and quarter, respectively, throughout the grant period. The final SF269 is due within 90 days of the end of the grant period, including extensions.

Effect:

We sampled 30 expenditures, noting that 23 of the forms SF270 corresponding to those expenditures were not filed in a timely manner and that 9 of the 23 SF270s had not been filed at all as of the date of testwork (September 4, 2003). We also noted that 11 of the corresponding forms SF269 were not filed in a timely manner, 5 of which were past due, but had not been filed at all as of the date of testwork (September 4, 2003). We noted an additional 7 SF269s, due at the end of September 2003, which had not been filed and were unlikely to be filed by the established September 30, 2003 deadline, as of the date of testwork (September 4, 2003).

Cause:

We noted that all program administrators, including external HIDTA administrators, were aware of the untimely filings and had been in communication with one another regarding the untimely filings. The finding occurred as a result of lack of action on the part of the City. Per Robert Adkinson, this lack of action resulted from a lack of sufficient administrative personnel assigned to the HIDTA grants, which was caused by high administrative turnover within the program.

Recommendation:

Assign a full-time, permanent employee to process HIDTA transactions on a day-to-day basis, prepare forms SF270 and SF269, etc.

Schedule of Findings and Questioned Costs
August 31, 2003

Management's Response and Corrective Action Plan

The City of El Paso Police Department has recently reorganized and now has a fully staffed grant section that is aware of and responsible for the federal requirements regarding reporting. An individual was recently hired and funded by the granting agency to ensure that reporting is done efficiently and timely. The City is working diligently with the granting agency to bring all active grants up to date and develop a "work plan" so as to not become tardy in the future. The responsible party for corrective action is Chief Richard Wiles, El Paso Police Department.

Schedule of Findings and Questioned Costs August 31, 2003

Finding 03-3: Procurement, Suspension, and Debarment

Program/Grant:

EMPACT - EPA Environmental Grant

CFDA No.:

66.500

Federal Agency:

Environmental Protection Agency

Grant Number:

82796401

Pass-through Entity:

None

Type of Finding:

Reportable Condition and Noncompliance

Questioned Cost:

\$7,777

Condition:

An entity may charge only those costs specifically authorized under the grant

contract.

Effect:

Twenty-four disbursement checks were inappropriately issued to an employee of the City without proper authorization. The issuance of these checks was noted as a result of City management's routine review of the

related grant activities.

Cause:

We noted that the individual was able to circumvent controls that were in

place through the unauthorized use of a supervisor's system access

information.

Recommendation:

We recommend that management periodically communicate appropriate

methods of safeguarding individual system access information to prevent

such occurrences in the future.

Management's Response and Corrective Action Plan

After a discussion with staff at the Metropolitan Planning Office where the issuance of improperly authorized disbursement checks to an employee of the City were noted, the following was determined:

- Employment of employee involved was terminated.
- Questioned costs were refunded to EPA in February 2004 through voucher 04051156.

We concur with the recommendation that management periodically communicate appropriate methods of safeguarding individual system access information to prevent such occurrences in the future. The Comptroller's Office will work with the IT department to ensure that such safeguards are communicated to all supervisory staff.

Schedule of Findings and Questioned Costs August 31, 2003

Finding 03-4: Reporting

Program/Grant:

CDC Nonmonetary Assistance - Immunizations

CFDA No.:

93.116

Federal Agency:

Center for Disease Control

Grant Number:

N/A

Pass-through Entity:

None

Questioned Cost:

None

Type of Finding:

Reportable Condition and Noncompliance

Condition:

Per review of the grant agreement, various weekly, monthly, and quarterly reports must be submitted to the Texas Department of Health. Specifically, activity within the program must be reported to TDH via "weekly data transfers of all vaccines administered in a format that is compatible for inclusion in the statewide immunization registry (ImmTrac)."

Effect:

We selected a sample of 30 vaccine administration records (30 "superbill" administration records were selected across 5 clinics within the program; such selections were made based on daily activity sheets provided by Lili Robles for haphazardly selected dates) and verified that each vaccine administration was properly entered into the patient's immunization card, the TWICES system (via a review of a print screen from the database), and subsequently transferred onto the ImmTrac system (via review of an immunization report from the database). In two instances, we noted that the vaccine administration records at one of the clinics (Ysleta) were not entered into the TDH TWICES database within one week, as required by the grant, but were correctly entered. In one instance at the same clinic, we noted that the information entered into the TWICES database was incorrect due to a data entry error.

Cause:

Lack of oversight at the agency level over the reporting requirements of the program. The program's internal control system is designed so as to allow each clinic to perform all oversight of program requirements, which, as in the case above, resulted in the controls having varying degrees of effectiveness across the various clinics (Ysleta was the only clinic where an error was

detected).

Schedule of Findings and Questioned Costs
August 31, 2003

Recommendation:

We recommend that the City of El Paso implement a control to monitor the entry of daily vaccine administration records into TWICES no later than the end of the week for the week in which the vaccine is administered (i.e., vaccines administered on Monday should be entered into TWICES no later than the following Saturday). Furthermore, we recommend that a reconciliation of vaccine administration records to TWICES be performed and reviewed by an independent party.

Management's Response and Corrective Action Plan

Lack of staff created the backlog of data entry into the IMMTRAC registry for immunizations. Staff has been reassigned to accommodate the need for corrective action. Daily monitoring procedures are now in place, and an internal audit team is reviewing records and has created a checklist to be used on all county clinics. The responsible party for corrective action is Mark Everett, El Paso City County Health Department.

CITY OF EL PASO, TEXAS

Schedule of Findings and Questioned Costs
August 31, 2003

STATE OF TEXAS AWARDS

Finding 03-5: Special Tests and Provisions - Authorization Forms

Program/Grant:

Tuberculosis (TB)

State Grant No.:

7460007499-02

State Agency:

Texas Department of Health

Pass-through Entity:

Tuberculosis Elimination Division

Questioned Cost:

None

Type of Finding:

Reportable Condition and Noncompliance

Criteria:

This is a requirement in an agreement between the City and the Tuberculosis Elimination Division of the Texas Department of Health which states that the City shall ensure that all TB personnel receive 40 hours of TB program training relevant to their position within 60 days of hire. Additionally, the City shall ensure all existing TB employees receive 16 hours of continuing TB education or training relevant to their position each year.

Condition:

Out of a total population of 14 individuals, we selected all 14 (100%) individuals paid with TB funds. One employee was not compliant with the continuing education requirement. This employee had 15 hours of qualifying CPE during the year.

Effect:

Failure to comply with the training requirements could result in the loss of future funding to the City or this program.

Cause:

No formal monitoring process was in place to ensure program compliance.

Recommendation:

We recommend that the City develop a formal process to monitor compliance with the continuing education requirements of this program. Such a monitoring process could be implemented in conjunction with the City/County Health District. Additionally, compliance with training requirements could be integrated into annual employee performance reviews.

Management's Response and Corrective Action Plan

On April 28, 2003, the City-County Health District hired a Grants Coordinator. One of the responsibilities of this new position will be to identify grant requirements and monitor for compliance. An operational compliance group has been structured at the Health Department and is reviewing all staffing and individual clinic issues for compliance and corrective action as needed. The responsible party for corrective action is Mark Everett, El Paso City County Health Department.

CITY OF EL PASO, TEXAS

Schedule of Findings and Questioned Costs

August 31, 2003

Finding 03-6: Reporting

Program/Grant:

Air Quality

State Award No.:

582-2-47338

State Agency:

Texas Commission on Environmental Quality (TCEQ)

Grant Number:

582-2-47338

Pass-through Entity:

El Paso City-County Health and Environmental District

Questioned Cost:

None

Type of Finding:

Reportable Condition and Noncompliance

Criteria:

The Air Quality program is required to submit various reports to the grantor agency on a quarterly basis. These include quarterly reimbursement requests, Historically Underutilized Business (HUB) Progress Assessment Reports, Minority-Owned Business Enterprise, and Women-Owned Business Enterprise reports. Each of these reports is required to be submitted within 30 days after the end of each quarter. Additionally, TCEQ Accomplishment Reports are required to be submitted on a monthly basis.

Condition:

The Air Quality program administration failed to submit quarterly reimbursement requests, including the HUB Progress Assessment Reports, the Minority-Owned Business Enterprise, and Women-Owned Business Enterprise reports, for fiscal year 2003. The reports were submitted three to seven months after the due date. The monthly TCEQ Accomplishment Reports were not submitted for the months of April 2002 through August 2002.

Effect:

Failure to comply with the reporting requirements could result in the loss of

funding to the City or this program.

Cause:

The City does not have adequate internal controls in place over reporting to ensure that the Air Quality program's reporting requirements are met.

Recommendation:

We recommend that the City develop a procedure to monitor compliance

with the reporting requirements of this program.

CITY OF EL PASO, TEXAS

Schedule of Findings and Questioned Costs
August 31, 2003

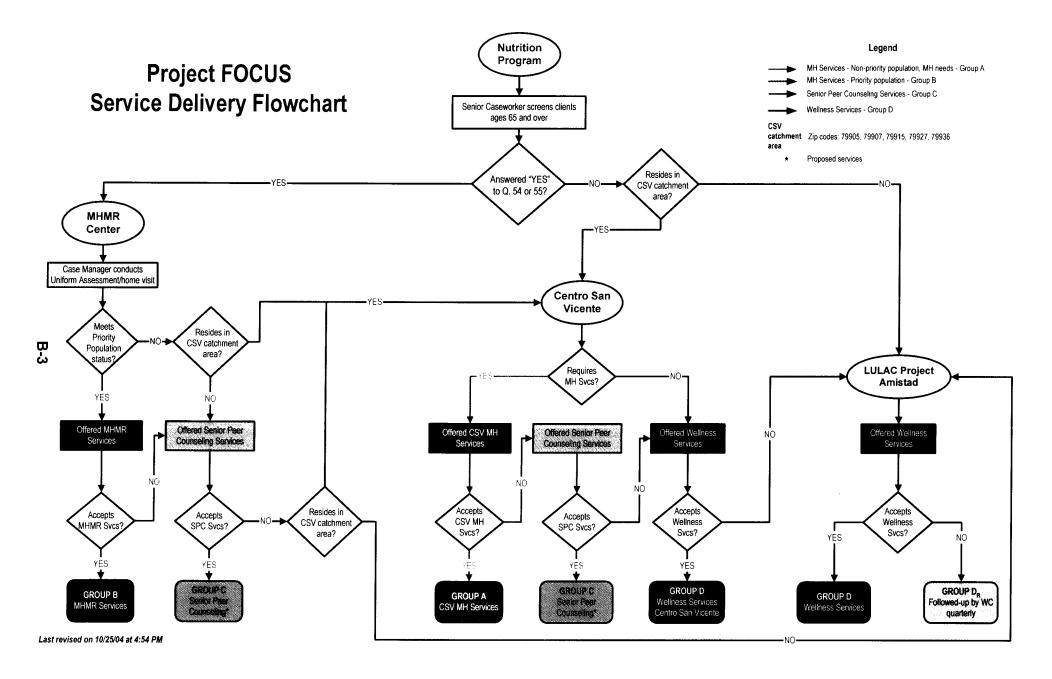
Management's Response and Corrective Action Plan

On April 28, 2003, the City-County Health District hired a Grants Coordinator. One of the responsibilities of this new position will be to identify grant requirements and monitor for compliance. The City-County Health District has also developed a reporting schedule to prompt the submission of programmatic reports along with the submission of the required financial reports. These reports will now be submitted as a package to the granting agency, therefore avoiding the delay in programmatic reporting. The responsible party for corrective action is Mark Everett, El Paso City County Health Department.

Addenda

- Services Flowchart
- Screening Instrument
- Six-Month Follow-Up (Short Form)
- . CMHS GPRA
- Senior Peer Counseling Trainer's Guide

Project Services Flowchart Including Proposed Project



Screening Survey English & Spanish

SCREENING SURVEY EL PASO CITY-COUNTY NUTRITION PROGRAM

Questionnaire #	DHS Client? □ Yes □ No
Interviewer(s):	
Hello, my name is I have been asked by the El Paso Cityhow our clients feel about this program, and also how our clients are getting opinions about our program, we would like to know how life is treating you will be asking about situations that seniors typically face.	along. In addition to asking your
Please remember that this interview is completely voluntary. We have done of people feel comfortable. However, if you do not wish to answer a question pon to the next question.	
1. Date of Interview:/	
2. Length of Interview: minutes Start:	End:
3. Name of Respondent:	Name
4. Address: Street or Rural Route	
Town/City, State, Zip	
5. Phone: ()	
6. SS# 7. Date of birth:/ MM DI	
8. Sex: Female (1) Male (2)	
9. What do you consider to be your race or ethnicity? (1) Hispanic (ex. Mexican, Mexican-America, Chicano, Puerto I(2) Non-Hispanic White(3) African American or Black(4) Native American or "American Indian"(5) Asian/Pacific Islander(6) Other (specify)	Rican, Cuban, etc.)
10. First of all I would like to know if you feel that the City-County Nutrition I needs. (1) Yes(2) No(3) N/A – new intake	Program is taking care of your

11. What do you like best about the Meals Program?	
12. What do you like the least about the Meals Program?	
13. What could we do to do a better job of meeting your needs?	
14. Are you now married, widowed, divorced, or what?	
(1) Married (2) Widowed (3) Divorced (4) Separated (5) Single, never been married	
15. How many persons live in your household, including you?(Number of household members)	
16. In case of emergency, whom would you like us to contact? PHONE: () -	(First and Last Name)
PHONE: () 17. What is the name and phone number of your physician? PHONE: () -	(First and Last Name)
Information could not be obtained 18. What is your monthly income? \$	
19. Are you covered by Medicare, from Social Security?	
(1) No	
Yes (IF "YES," ASK:) Do you have Part A of Me covers doctors' bills, or do you have Parts A and Medicare card?	edicare that covers hospital bills, Part B that B? IF R IS UNSURE, ASK: May I see your
(2) Part A only (3) Part B only (4) Part A and Part B	

20. Are you covered by Medicaid?
(1) No
(1) No (2) Yes
21. In addition to meals delivered by the City-County Nutrition Program, is there someone else who comes to your home to help you?
INTERVIEWER: Check appropriate responses and continue to probe by offering some of the examples in parentheses.
 (a) Home health (e.g., nurse, physical therapist, someone to check blood pressure/sugar, hospice) (b) Mental Health (e.g., counselor, psychologist, psychiatrist) (c) Home assistance (e.g., home repair, homemaker, personal assistance, senior companion) (d) Adult day care (e) Transportation (e.g., the "Lift," van to take to doctor) (f) Employment (e.g., help getting a job, Texas Workforce Commission) X (g) Home Delivered Meals
(h) Other (SPECIFY):
HEALTH AND HEALTH-RELATED RESOURCES
Now I would like to know how you feel about your health and your ability to do the things that you like to do.
22. For example, would you describe your health as poor, fair, or good?(1) Poor(2) fair(3) good
23. Do you have problems taking a bath or shower without any help?
(0) NoYes (ASK): Can you take a bath or shower with just a little help, a great deal of help, or must someone bathe you?(1) a little help(2) a great deal of help(3) someone must bathe me
24. Can you dress yourself without any help?
(0) YesNo (ASK): Can you get dressed with just a little help, a great deal of help, or must someone dress you?(1) a little help(2) a great deal of help(3) someone must dress me
25. Can you exercise – like walking, stretching, chair exercises, and things like that? (0) Yes (GO TO Q.25a) No (ASK) Can you exercise with just a little help, a great deal of help, or you just can't exercise? (1) a little help (GO TO Q.26) (2) a great deal of help (GO TO Q.26) (3) I just can't exercise (GO TO Q.26)

25a. (IF "YES" TO Q.25, ASK) Do you exercise on a regular basis?

	have a problem keeping your balance when you are standing or walking?
	(0) No
	Yes (ASK): Would you say that you have just a slight problem keeping your balance, a moderate
	problem keeping your balance, or a severe problem keeping your balance?
	(1) slight balance problem
	(2) moderate balance problem
	(3) severe balance problem
INTERVIE	EWER, SKIP TO Q. 35 →
33. ADL Sc	ore #1
34. ADL Sc	ore #2
→	
35. Can you	clean your house – sweep, dust, wash dishes and vacuum?
	(0) Yes (GO TO Q. 36)
	No (ASK): Can you clean your house with just a little help, a great deal of help, or must someone
	clean the house for you?
	(1) a little help
	(2) a great deal of help
	(3) someone has to clean the house for me
•	do your laundry?(0) Yes
	No (ASK): Can you do the laundry with just a little help, a great deal of help, or must someone do
	the laundry for you?
	(1) a little help
	(2) a great deal of help
	(3) someone has to do the laundry for me
36a. Do you	have access to a washing machine and automatic dryer in your home?
•	(1) Yes (washer and dryer)
	(2) Yes (washer only)
	(3) Yes (dryer only)
	(4) No
37. Can you	fix your own meals?
	(0) Yes
	No (ASK): Can you fix your meals with just a little help, a great deal of help, or must someone
	fix your meals for you?
	(1) a little help
	(2) a great deal of help
	(3) someone has to fix my meals for me

DO NOT ASK, SKIP TO 38:	
37b. Do you receive a home delivered meal from the City-County Nutrition Program?	
x(1) Yes (2) No	
38. Can you do your own shopping?	
(0) Yes No (ASK): Would you say that you can do your own shopping with just a little help, a greater than the same of the same	
of help, or that someone just has to do your shopping for you?	eat deal
(1) a little help (2) a great deal of help	
(3) someone has to do shopping for me	
39. Can you take your own medicine?	
(0) Yes	naona hac
No (ASK): Can you take your medicine with just a little help, a great deal of help, or som to give it to you all the time?	leone nas
(1) a little help (2) a great deal of help	
(3) someone has to give it to me all the time	
40. Can you use the telephone?	
(0) Yes	
No (ASK): Can you use the phone with just a little help, a great deal of help, or someone make and take the calls for you?	has to
(1) a little help	
(2) a great deal of help (3) someone has to make and take the calls for me	
INTERVIEWER, SKIP TO Q. 43 🛨	
41. IADL SCORE #1	
42. IADL SCORE #2 →	
43. Do you require an escort or companion when you leave your home?	
(0) No	
Yes (ASK): Would you say that you need an escort or companion just when you need to difficult task, or most of the times you go out, or every time you go out?	do a
(1) just if need to do a difficult task (2) most of the times I go out	
$\frac{1}{2} \text{ most of the times I go out}$ $\mathbf{B-10}$	

(3) every time I go out	
4. Can you trim your own nails (fingers & toes)?	
(0) Yes	
No (ASK): Can you trim your nails with just a little help, a great deal of help, or someone has to	,
do this for you?	
(1) a little help	
(2) a great deal of help	
(3) someone has to do this for me	
UNSOLICITED COMMENTS	_
5. Can you open jars, cans, and bottles?	
(0) Yes	
No (ASK): Can you open these things with just a little help, a great deal of help, or someone has	3
to open them for you?	
(1) a little help	
(2) a great deal of help	
(3) someone has to open these for me	
UNSOLICITED COMMENTS	
Now I would like to ask a few questions about how you feel about life in general. For example: 6. Do you ever feel sad or depressed? (0) No(0) No(1) seldom fairly often, or just about all the time? (1) seldom(2) fairly often(3) just about all the time UNSOLICITED COMMENTS	
UNSULICITED COMMENTS	
7. In general, are you happy with your life? (0) Yes No (ASK): Would you say that you are unhappy with your life seldom, fairly often, or just about all the time? (1) seldom(2) fairly often(3) just about all the time	ut
UNSOLICITED COMMENTS	

48. Do you have so muc	ch trouble sleeping that this causes problems for you or your family?
(0) No	ni tre delle brooping dide dide ed problemb for your er your running.
	ζ): Would you say that you have problems sleeping seldom, fairly often, or just about all
the time?	
(1) seldom
(2) fairly often
(3) just about all the time
UNSOLICITED	COMMENTS
	TERVIEWER, from answers to the questions you have asked so far, what is your
overall opinion of the	nis respondent's cognitive functioning or mental clarity?
	(0) No cognitive impairment
_	(1) Mild cognitive impairment
_	(2) Severe cognitive impairment
	(3) Total cognitive impairment
-	
INTERVIEWER, SKI	P TO Q. 54 ->
50. Other Score #1	
51. Other Score #2	
52. Total Score #1	
53. Total Score #2	
→	
54. Now, looking at the	past year – the past 12 months or so – have you ever had a period of two weeks or everyday you felt sad, blue, or depressed?
<u> </u>	e past 12 months or so, have you ever had a period of two weeks or more when nearly enced a "loss of interest" in most things?
56. As you grow older, (do things seem better than you thought they would be?(2) Yes
57. When you think bac(2) No	k over your life, do you feel that you didn't get most of the important things you wanted?(1) Yes
58. If you needed signif	icantly more money, for some reason, do you have someone – for example, a friend or
relative – who would	
(1) No	(2) Yes B-12

59. If you became seriously ill, and needed to be hospitalized for several weeks, is there someone – for example a friend or relative – who would help you? (1) No(2) Yes
59a. (IF "YES" TO Q. 59, ASK) How might that person help you during a time like this?
60. Do you sometimes feel that you are all alone in the world?(1) No(2) Yes
61. Do you have a person or persons you can call on for the little things that you often need?(1) No(2) Yes
Thus far, we have talked about what people might do for you. Now I would like to ask you about the things people might ask you to do for them.
62. For example, during the past week or two, has someone depended on you for your guidance or advice?(1) No(2) Yes
63. During the past week or two, has someone depended on you for something they needed – this could be a request for advice, transportation, help with children, or to help them fix something, or they might ask you for a small loan – things like that?(1) No(2) Yes
64. During the past week, how often did you have trouble remembering things? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)
65. During the past week, how often did you have trouble concentrating? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)
66. During the past week, how often did you have difficulty making decisions? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)
67. During the past week, how often did you have your mind go blank? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day) B-13

	you have a medical probl (1) No (SKIP TO) (2) Yes (GO TO Q 72a. IF "YES" TO Q. 72	em for which you Q.74) Q.72a) (ASK): What me	(2) Yes (GO TO on a not receiving professional uneed to take medication? edications are you taking no medication containers. Con Prescribing Physician	treatment for this problem?w
	you have a medical probl (1) No (SKIP TO) (2) Yes (GO TO Q 72a. IF "YES" TO Q. 72	em for which you Q.74) Q.72a) (ASK): What me	u not receiving professional u need to take medication?	treatment for this problem?w
	you have a medical probl (1) No (GC) 71b. IF NO TO Q.71a, A you have a medical probl (1) No (SKIP TO C) (2) Yes (GO TO C)	em for which you Q.74)	u not receiving professional uneed to take medication?	treatment for this problem?
	you have a medical probl	em for which you	u not receiving professional	
	71b. IF NO TO Q.71a, A you have a medical probl	SK: Why are you	u not receiving professional	
72 D	71b. IF NO TO Q.71a, A	SK: Why are you	u not receiving professional	
	(1) No (GC			
	(1) No (GC			
	(1) No (GC			
	(1) No (GC	O TO Q.71b)	(2) Yes (GO 10)	Q.72)
			(A) M (CO TO	O 72)
	71a IF YES TO O 71. A	SK: Are vou rece	eiving professional treatmen	at for this problem?
	(1) No (GO TO Q	.72)	(2) Yes (GO TO Q.71a)	
71. Do			u need professional treatmen	nt?
ı nave _.	jusi u jew more question:	s uvvui yvur ned	ain ana avoui yvar iije in g	દાદા ઘા.
I hana	inst a fan mara anastica	e ahout vous kaa	alth and about your life in g	an aral
	(1) Intoly (1000 that			
	(2) some or a little (1) rarely (less tha	n 1 day)	z uays)	
	(3) occasionally of	r a moderate amo	ount of the time $(3 - 4 \text{ days})$	
	(4) most or all of t	the time $(5 - 7)$ da	ays)	
	erheated?	•	•	
70. Du	ring the past week, how o	ften did you swe	at when you were not worki	ng hard or you were not
	(1) rarely (less tha	n i day)		
	(2) some or a little		2 days)	
	(3) occasionally or	r a moderate amo	ount of the time $(3 - 4 \text{ days})$	
	(4) most or all of t	the time $(5 - 7)$ da	nys)	
	ring the past week, how o	ften did you feel		
69. Du	(1) rarely (less tha	n 1 day)	2 44,5)	
69. Du	(2) some or a little	e of the time (1 –	2. days)	
69. Du	(3) occasionally of			
69. Du	(4) most or all of t		iys)	

Medication Name	Dosage	Prescribing Physician	Reason meds taken
<u> </u>			<u>i</u>

	a able to take all the necessary medications you need for your medical problems? _ (1) No (GO TO Q.72c) _ (2) Yes (GO TO Q.73)
72c. Why are	en't you taking all the medications you need for your medical problem(s)?
(1) No	ASK): Would you say that you forget to take your medicine rarely, often, or quite often?
NUTRITIONAL RI	(2) rarely, (3) often (4) quite often
	illness or condition that has made you change the kind and/or amount of food you eat?
75. Do you eat less t(0) No(3) Ye	han 2 meals per day? o es
76. Do you eat many(2) No(0) Ye	fruits, vegetables, and dairy products (milk, cheese, yogurt, cottage cheese, etc.)?
	i, have you had at least three alcoholic drinks almost every day? By alcoholic drinks I mean e, or any combination of these almost every day.
UNSOLICIT	ED COMMENTS
78. Do you have a to(0) No(2) Ye	ooth problem, or mouth problem, or problem swallowing that makes it hard for you to eat?
79. Do you usually h (4) No (0) Ye	have enough money to buy the food you need?
80. Do you eat most(0) No(1) Ye	of your meals alone? es
81. Do you take thre (0) No (1) Ye	e or more prescription medications or over-the-counter drugs each day? B-15

22. Without wanting to, have you either lost or gained at least 10 pounds during the past six months?
(0) No (2) Yes
Doesn't know
SKIP TO Q. 85 \rightarrow
3. AUTO-CODE 4. TOTAL NUTRITIONAL RISK SCORE
→ DIRECTIONS FOR Q.85 and Q.85 a-c: WHEN RESPONDENT ANSWERS "NO," SKIP TO Q. 86.
5. Do you have enough money to pay your living expenses and bills?
(0) Yes (ASK Q. 85a) (4) No (STOP, GO TO Q. 86)
85a. Do you have any money left over after paying your living expenses and bills?
(0) Yes (ASK Q. 85b) (3) No (STOP, GO TO Q. 86)
(3) No (STOP, GO TO Q. 86)
85b. Do you have enough money left over to do some of the things that you (and/or your family/
household members) enjoy."
(0) Yes (ASK Q.85c) (2) No (STOP, GO TO Q. 86)
(2) NO (STOP, GO TO Q. 80)
85c. Do you have enough money left over to do what you want to do; to buy what you need to have the
type of life you want to have?(0) Yes (GO TO Q. 86)
(1) No (GO TO Q. 86)
6. For my last question, I would like to know if you have any special problems or needs that we have not discussed? If so, please tell me about it/them.

INTERVIEWER: Thank the client for her/his help.

INTERVIEWER: FILL OUT THE REMAINDER OF THESE QUESTIONS $\underline{\text{AFTER}}$ YOU LEAVE RESPONDENT'S HOME.

PHYSICAL ENVIRONMENT

exterior walls). (1) Exterior appears to be in relatively good condition(2) Exterior looks basically sound but could use some work(3) Exterior is in very poor condition; needs work badly 90. Describe the client's situation, paying special attention as to how client's situation applies to his or her need for additional services. Include physical and mental health, loneliness, etc	87. Check the responses that describe the physical condition of the interior environment of this home; i.e., furnishings, floor and walls.
(1) Home appears to be clean and neat (2) Could use some cleaning and some straightening up (3) Very dirty and very cluttered 89. Check the response that best describes the home's exterior condition (e.g., porch, front steps, doorway, exterior walls). (1) Exterior appears to be in relatively good condition (2) Exterior looks basically sound but could use some work (3) Exterior is in very poor condition; needs work badly 90. Describe the client's situation, paying special attention as to how client's situation applies to his or her need for additional services. Include physical and mental health, loneliness, etc.	(1) No(2) Yes Furnishings badly in need of repair(1) No(2) Yes Floor (or carpet) badly in need of repair(1) No(2) Yes Walls badly in need of repair
	88. Check the response that best describes the cleanliness, clutter, and neatness of the home's interior.
exterior walls).	(2) Could use some cleaning and some straightening up
(2) Exterior looks basically sound but could use some work(3) Exterior is in very poor condition; needs work badly 90. Describe the client's situation, paying special attention as to how client's situation applies to his or her need for additional services. Include physical and mental health, loneliness, etc	89. Check the response that best describes the home's exterior condition (e.g., porch, front steps, doorway, exterior walls).
for additional services. Include physical and mental health, loneliness, etc. ———————————————————————————————————	(2) Exterior looks basically sound but could use some work
91. Who besides respondent was present during this interview? List relationship of person(s) to respondent;	90. Describe the client's situation, paying special attention as to how client's situation applies to his or her need for additional services. Include physical and mental health, loneliness, etc.
	91. Who besides respondent was present during this interview? List relationship of person(s) to respondent; e.g., friend, daughter, etc

ENCUESTA INFORMATIVA PROGRAMA DE NUTRICIÓN DE LA CIUDAD Y EL CONDADO DE EL PASO

Cuestionario #	DHS Client? ☐ Yes ☐ No	
Entrevistador(es):		
Hola, mi nombre es El Programa de Nutrición de la Ciudad pedido solicitar la opinión de nuestros clientes acerca del programa, y tan nuestros clientes. Aparte de pedir su opinión acerca de nuestro programa, que en la vida, la condición de su salud, y vamos a hacer preguntas acerca de situa las personas de tercera edad.	nbién determinar cómo les va a veremos saber cómo le va a usted aciones que típicamente afectan a	
Por favor, recuerde usted que esta entrevista es totalmente voluntaria. No incomoden a la gente. No obstante, si usted no desea contestar alguna pasaremos a la siguiente pregunta.		
1. Fecha de la Entrevista:/ MM DD AA		
2. Duración de la Entrevista: minutos Comienzo:	Fin:	
3. Nombre del (de la) Entrevistado(a):	Apellido	
4. Domicilio:Calle o Ruta Rural		
Localidad/Ciudad, Estado, Código Pos	tal	
5. Teléfono: ()		
6. #SS 7. Fecha de nacimiento: M	M DD AAAA	
8. Sexo: Femenino (1) Masculino (2)		
9. ¿Cuál considera usted que sea su raza o grupo étnico/cultural? (1) Hispano(a) (ej. Mexicano, Mexicano-Americano, Chicano, Pu(2) Blanco, No Hispano(a)(3) Afroamericano(a) o Negro(a)(4) Indígena Americano(a) o "Indio Americano"(5) Asiático/Isleño(a) del Pacífico(6) Otro(a) (señalar)		
10. Primero, quisiera saber si usted cree que el Programa de Nutrición de la Ciud satisfaciendo sus necesidades. (1) Sí(2) No(3) No aplica – cliente nuevo(3) No aplica – cliente nuevo	dad y el Condado está	

11. ¿Qué es lo que más le gusta a usted del Programa de Nutrición?
12. ¿Qué es lo que menos le gusta a usted del Programa de Nutrición?
13. ¿Qué podríamos hacer para poder satisfacer mejor sus necesidades?
14. ¿Cuál es su estado civil, es usted casado(a), viudo(a), divorciado(a), o qué? (1) Casado(a)(2) Viudo(a)(3) Divorciado(a)(4) Separado(a)(5) Soltero(a), jamás se ha casado
15. ¿Cuántas personas viven en su casa, incluyendo a usted?(Número de personas en la casa) 16. En caso de emergencia, ¿con quién desea usted que nos comuniquemos?(Nombre y Apellido)
TELÉFONO: ()
18. ¿Cuál es su ingreso mensual? \$
(1) NoSí (SI ES QUE "SÍ," PREGUNTAR); Me permite su tarjeta de Medicare? (2) Parte A únicamente(3) Parte B únicamente(4) Parte A y Parte B

20. ¿Tiene usted cobertura de Medicaid?	
(1) No	
(1) No (2) Sí	
21. Aparte de los alimentos que le entreg más quien le visite en casa para asist	ga el Programa de Nutrición de la Ciudad y el Condado, ¿hay alguien irle?
ENTREVISTADOR(A): Marque los ejemplos entre parénte	de las respuestas apropiadas y siga preguntando, planteando algunos de esis.
(b) Salud mental (ej.: ori (c) Ayuda en el hogar (ej (d) Guardería para adulto (e) Transporte (ej.: (cam (f) Empleo (ej.: ayuda pa X (g) Alimentos Entregado	ioneta (van) con "elevador" para ir con el médico) ra encontrar trabajo, Comisión de la Fuerza Laboral de Texas)
RECURSOS PARA LA SALUD Y SI	
RECURSOS I ARA LA SALUD I SII	VILLARES
Ahora, quisiera saber qué opinión tiene us	ted sobre su salud y su capacidad de realizar las cosas que le gusta hacer.
22. Por ejemplo, ¿cómo describiría usted(1) mala(2) regular	
23. ¿Tiene usted problemas para bañarse (0) No	en la tina o regadera sin ayuda?
Sí (PREGUNTAR): ¿Pued bastante ayuda, o tiene que (1) con un poquito (2) con bastante ay (3) otra persona tie	de ayuda uda
24. ¿Puede usted vestirse sin ayuda?	
(0) Sí No (PREGUNTAR): ¿Pue que vestirle otra persona? (1) con un poquito (2) con bastante ay (3) otra persona tie	de ayuda uda
	caminar, estirarse, hacer ejercicios en una silla, y cosas por el estilo?
(0) Sí (PASAR A LA P.25	a)
	de usted hacer ejercicio con un poquito de ayuda, con bastante ayuda, o
simplemente no puede hac	· ·
(1) con un poquito (2) con bastante ay	de ayuda (PASAR A LA P.26)
	puedo hacer ejercicio (PASAR A LA P.26)
\ / I	· · · · · · · · · · · · · · · · · · ·

25a. (SI LA P.25 ES QUE SÍ, PREGUNTAR): ¿Hace usted ejercicio regularmente?(1) Sí(2) No
26. ¿Puede usted comer solo(a)?
(0) Sí
No (PREGUNTAR): ¿Puede usted comer con un poquito de ayuda, con bastante ayuda, o tiene que darle de comer otra persona?
(1) con un poquito de ayuda
(1) con tan poquito de ayuda (2) con bastante ayuda
(3) otra persona tiene que darme de comer
27. Y afeitarse, lavarse los dientes, lavarse el cabello y peinarse ¿puede usted hacer todas esas cosas solo(a)?(0) Sí
No (PREGUNTAR):¿Puede usted hacer esas cosas con un poquito de ayuda, con bastante ayuda.
o tiene otra persona que hacer esas cosas por usted?
(1) con un poquito de ayuda
(2) con bastante ayuda (3) otra persona tiene que hacer esas cosas por mí
(o) swa possona trone que masor esas essas por mi
28. ¿Tiene usted problemas para ir al baño y usar el excusado (sanitario)?
(0) No
Sí (PREGUNTAR): ¿Puede llegar al baño y usar el excusado (sanitario)con un poquito de ayuda.
con bastante ayuda, o simplemente no puede llegar al baño para nada?
(1) con un poquito de ayuda
(2) con bastante ayuda
(3) no puedo llegar al baño para nada
29. Después de usar el baño, ¿tiene usted problemas para limpiarse?
(0) No
Sí (PREGUNTAR): ¿Puede usted limpiarse con un poquito de ayuda, con bastante ayuda, o tiene otra persona que hacerlo por usted?
(1) con un poquito de ayuda
(2) con bastante ayuda
(3) otra persona tiene que hacerlo por mí
30. ¿Puede usted meterse y levantarse de la cama o de una silla?
(0) Sí No (PREGUNTAR): ¿Puede usted meterse y levantarse de la cama o de una silla con un poquito
de ayuda, con bastante ayuda, o tiene otra persona que levantarle físicamente de la cama o silla?
(1) con un poquito de ayuda
(2) con bastante ayuda
(3) otra persona tiene que ayudarme a levantarme de la cama o de una silla
31. ¿Puede usted caminar sin ayuda?
(0) Sí No (PREGUNTAR): ¿Puede usted caminar con un poquito de ayuda, con bastante ayuda, o no
puede caminar nada?
(1) con un poquito de ayuda
(1) con tan poquito de ayada (2) con bastante ayada
(3) no puedo caminar nada B-21
· · · · · · · · · · · · · · · · · · ·

	e usted problema para mantener el equilibrio al estar de pie o caminando?
	(0) No
	Sí (PREGUNTAR): ¿Diría usted que tiene problema leve para mantener el equilibrio, problema
	moderado para mantener el equilibrio, o problema severo para mantener el equilibrio?
	(1) problema leve de equilibrio
	(2) problema moderado de equilibrio
	(3) problema severo de equilibrio
ים מידעה	VISTADOD(A) DASAD A I A D 25
	VISTADOR(A), PASAR A LA P. 35 ->
	SCORE #1
	SCORE #2
→	
	e usted hacer el aseo de la casa – barrer, quitar polvo, lavar platos y aspirar?
	(0) Sí
	No (PREGUNTAR): ¿Puede usted hacer el aseo de la casa con un poquito de ayuda, con bastante
	ayuda, o tiene otra persona que hacer el aseo de la casa por usted?
	(1) con un poquito de ayuda
	(2) con bastante ayuda
	(3) otra persona tiene que hacer el aseo de la casa por mí
2 (D '	
	e usted lavar la ropa?
	(0) Sí
	(0) Sí No (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o
	(0) Sí No (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda
	(0) Sí No (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa? (1) Sí (lavadora y secadora)
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)
	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)
 36a. ¿Tie	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No
 36a. ¿Tien 37. ¿Pued	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No ne usted preparar sus propios alimentos?
 36a. ¿Tien 37. ¿Pued	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí ne usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No ne usted preparar sus propios alimentos?
 36a. ¿Tien 37. ¿Pued	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí te usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No te usted preparar sus propios alimentos?(0) SíNo (PREGUNTAR): ¿Puede usted preparar sus alimentos con un poquito de ayuda, con bastante
 36a. ¿Tien 37. ¿Pued	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí te usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No te usted preparar sus propios alimentos?(0) SíNo (PREGUNTAR): ¿Puede usted preparar sus alimentos con un poquito de ayuda, con bastante ayuda, o tiene otra persona que prepararle sus alimentos?
 36a. ¿Tien 37. ¿Pued	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí te usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No te usted preparar sus propios alimentos?(0) SíNo (PREGUNTAR): ¿Puede usted preparar sus alimentos con un poquito de ayuda, con bastante ayuda, o tiene otra persona que prepararle sus alimentos?(1) con un poquito de ayuda
 36a. ¿Tien 37. ¿Pued	(0) SíNo (PREGUNTAR): ¿Puede usted lavar la ropa con un poquito de ayuda, con bastante ayuda, o tiene otra persona que lavar la ropa por usted?(1) con un poquito de ayuda(2) con bastante ayuda(3) otra persona tiene que lavar la ropa por mí te usted acceso a una lavadora y secadora automática en su casa?(1) Sí (lavadora y secadora)(2) Sí (lavadora únicamente)(3) Sí (secadora únicamente)(4) No te usted preparar sus propios alimentos?(0) SíNo (PREGUNTAR): ¿Puede usted preparar sus alimentos con un poquito de ayuda, con bastante ayuda, o tiene otra persona que prepararle sus alimentos?

	npra usted alimentos de un restaurante o le entregan alimentos a su casa?
	(1) Sí (PREGUNTAR): ¿Cuál comida o comidas compra usted por lo general?
	Desayuno
	Comida
	Cena (2) No
	(2) NO
NO PREC	GUNTAR, PASAR A LA 38:
	b. ¿Recibe usted entrega de alimentos del Programa de Nutrición de la Ciudad y el Condado?
	$x_{-}(1)$ Sí
_	(2) No
38 : Pued	e usted hacer sus propias compras?
	(0) Sí
	No (PREGUNTAR): ¿Diría usted que puede usted hacer sus propias compras con un poquito de
	ayuda, con bastante ayuda, o que tiene otra persona que hacer sus compras por usted?
	(1) con un poquito de ayuda
	(2) con bastante ayuda
	(3) otra persona tiene que hacer mis compras por mí
30 : Puede	e usted tomar solo(a) sus medicamentos?
	(0) Sí
	No (PREGUNTAR): ¿Puede usted tomar sus medicamentos con un poquito de ayuda, con
	bastante ayuda, o tiene otra persona que dárselos todo el tiempo?
	(1) con un poquito de ayuda
	(2) con bastante ayuda
	(3) otra persona tiene que dármelos todo el tiempo
10 : Puede	e usted usar el teléfono?
	(0) Sí
	(o) 51 No (PREGUNTAR): ¿Puede usted usar el teléfono con un poquito de ayuda, con bastante ayuda,
	o tiene otra persona que hacer y recibir las llamadas por usted?
	(1) poquita ayuda
	(2) bastante ayuda
	(3) tiene otra persona que hacer y recibir las llamadas por mí
PAPTO DA	ISTADOD(A) DASAD A LA D 42 -
	ISTADOR(A), PASAR A LA P. 43 -> SCORE #1
	SCORE #1
+2. IADL ->	SCORE #2
	sita usted que alguien le acompañe cuando sale de su casa?
0	(0) No
	Sí (PREGUNTAR): ¿Diría usted que necesita que alguien le acompañe nada más cuando tiene
	que hacer algo difícil, o la mayoría de las veces que sale, o cada vez que sale?
	(1) nada más cuando tengo que hacer algo difícil
	(2) la mayoría de las veces que salgo
	(3) cada yez que salgo

44. ¿Р	uede usted cortarse solo(a) las uñas (de los dedos y los pies)?
	No (PRECUNTAR): Puede veted contents les vives con un requite de grade, con hectente quade
	No (PREGUNTAR): ¿Puede usted cortarse las uñas con un poquito de ayuda, con bastante ayuda, o alguien mas tiene que hacerlo por usted?
	(1) con un poquito de ayuda (2) con bastante ayuda
	(2) con bastante ayuda (3) alguien mas tiene que hacerlo por mí
	(3) arguien mas tiene que nacerio por mi
	COMENTARIOS espontáneos
45. ¿P	uede usted abrir frascos, latas y botellas?
C	(0) Sí
	No (PREGUNTAR): ¿Puede usted abrir esas cosas con un poquito de ayuda, con bastante ayuda,
	o tiene otra persona que abrirlos por usted?
	(1) con un poquito de ayuda
	(2) con bastante ayuda
	(3) otra persona tiene que abrirlos por mí
	COMENTARIOS ESPONTÁNEOS
	quisiera hacerle algunas preguntas sobre su perspectiva de la vida en general. Por ejemplo: veces se siente usted triste o deprimido(a)?
	(0) No
	Sí (PREGUNTAR): ¿Diría usted que se siente triste o deprimido(a) poco, regularmente o con frecuencia, o casi todo el tiempo?
	(1) poco
	(2) regularmente o con frecuencia
	(3) casi todo el tiempo
	COMENTARIOS ESPONTÁNEOS
47. En	general, ¿se siente usted contento(a) con su vida?
	(0) Sí
	No (PREGUNTAR): ¿Diría usted que se siente infeliz con su vida poco, regularmente o con
	frecuencia, o casi todo el tiempo?
	(1) poco
	(2) regularmente o con frecuencia
	(3) casi todo el tiempo
	COMENTARIOS ESPONTÁNEOS

^{48. ¿}Tiene usted problemas para dormir tanto que esto causa problemas para usted o su familia? **B-24**

(0) No
SÍ (PREGUNTAR): ¿Diría usted que tiene problema para dormir poco, regularmente o con
frecuencia, o casi todo el tiempo?
(1) poco
(2) regularmente o con frecuencia
(3) casi todo el tiempo
COMENTARIOS ESPONTÁNEOS
49. NO PREGUNTAR: ENTREVISTADOR(A), a partir de las respuestas a las preguntas que ha planteado hasta el momento, ¿cuál es su opinión general de la función cognitiva o claridad mental del (de la) Entrevistado(a)?
(1) Deficiencia cognitiva
(1) Deficiencia cognitiva leve
(2) Deficiencia cognitiva severa (3) Deficiencia cognitiva total
(5) Deficiencia cognitiva total
ENTREVISTADOR(A), PASAR A LA P. 54
50. OTHER SCORE #1
51. OTHER SCORE #1
51. OTTIER SCORE #2 52. TOTAL SCORE #1
53. TOTAL SCORE #1 53. TOTAL SCORE #2
→ 101AL SCORE #2
54. Ahora, tomando en cuenta este último año – más o menos los últimos 12 meses – ¿ha tenido usted un período de dos semanas o más en que casi a diario se haya sentido triste o deprimido(a)? (2) Sí(1) No
55. Ahora, tomando en cuenta más o menos los últimos 12 meses, ¿ha tenido usted alguna vez un período de dos semanas o más en que casi a diario haya experimentado una "falta de interés" en casi todo?(2) Sí(1) No
56. Al ir alcanzando una mayor edad, ¿le parece que las cosas van mejor que lo que usted pensaba?(1) No(2) Sí
57. Cuándo se pone usted a pensar en su vida, ¿cree usted que no logró la mayoría de las cosas importantes que
quería?
(2) No (1) Sí 58. Si por algún motivo usted tuviera necesidad de una cantidad importante de dinero, ¿hay alguien – por
ejemplo, un amigo o familiar – que le ayudaría? (1) No(2) Sí
59. Si usted se enfermara gravemente y tuviera necesidad de permanecer varias semanas en el hospital, ¿hay
alguien – por ejemplo, un amigo o familiar – que le ayudaría?
(1) No(2) Sí 59a. (SI "SÍ" A LA P. 59, PREGUNTAR) ¿Cómo podría ayudarle esa persona en un momento así?
B-25

α	
~	

60		
ου.	60. ¿Cree usted a veces que se encuentra solo(a) en el mundo?(1) No(2) Sí	
	(2) 51	
61.	61. ¿Hay una persona o personas a quienes usted puede recurrir para las ofrecuencia?	cosas pequeñas que necesita con
	(1) No (2) Sí	
Ha ace	Hasta el momento hemos comentado lo que otra gente podría hacer po acerca de las cosas que otra gente podría pedirle a usted.	r usted. Ahora deseo preguntarle
62.	62. Por ejemplo, durante las últimas dos semanas, ¿ha recurrido a usted o asesoría?	etra persona pidiendo sus consejos o
	(1) No(2) Sí	
63.	63. Durante las últimas dos semanas, ¿ha recurrido a usted otra persona pejemplo consejo, transporte, ayuda con niños, ayuda para componer a cosas por el estilo?(1) No(2) Sí	oidiendo algo que necesita – por lgo, o un pequeño préstamo – u otra:
64.	64. Durante esta última semana, ¿cuántas veces ha tenido usted problema (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)	s para recordar cosas?
65.	65. Durante esta última semana, ¿cuántas veces ha tenido usted problema (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)	s para concentrarse?
66.	66. Durante esta última semana, ¿cuántas veces ha tenido usted dificultad(4) todo el tiempo o casi todo el tiempo (5 – 7 días)(3) ocasionalmente o a veces (3 – 4 días)(2) algo o muy poco (1 – 2 días)(1) rara vez (menos de 1 día)	para tomar decisiones?
67.	67. Durante esta última semana, ¿cuántas veces se le ha quedado a usted (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)	la mente en blanco?

68. Durante esta última semana, ¿cuántas veces se ha sentido usted nervioso(a) o tembloroso(a)? **B-26**

	lene usted un problema de salud que le exija tomar medicamentos? (1) No (PASAR A LA P.74) (2) Sí (PASAR A LA P.72a) 72a. SI ES QUE SÍ, PASAR A LA P.72, PREGUNTAR: ¿Qué medicamentos toma usted? INTERVIEWER: Ask to see the medication containers. Complete table below. Medication Name Dosage Prescribing Physician Reason meds taken
	(1) No (PASAR A LA P.74) (2) Sí (PASAR A LA P.72a)
	(1) No (PASAR A LA P.74)
7 0	
	71b. SI ES QUE NO A LA P.71a, PREGUNTAR: ¿Porqué no recibe usted tratamiento profesional por dicho problema?
	problema? (1) No (PASAR A LA P.71b) (2) Sí (PASAR A LA P.72)
	71a. SI ES QUE SÍ A LA P.71, PREGUNTAR: ¿Recibe usted tratamiento profesional por dicho
O	(1) No (PASAR A LA P.72)(2) Sí (PASAR A LA P.71a)
	unas cuantas preguntas más acerca de su salud y su vida en general. iene usted un problema de salud que exija tratamiento profesional?
	(1) rara vez (menos de 1 día)
	(3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días)
	(4) todo el tiempo o casi todo el tiempo (5 – 7 días)
70. Du sen	rrante esta última semana, ¿cuántas veces se ha puesto usted sudoroso(a) sin hacer trabajo arduo o sin ntir mucho calor?
	(1) rara vez (menos de 1 día)
	(2) algo o muy poco (1 – 2 días)
	(3) ocasionalmente o a veces (3 – 4 días)
69. Du	urante esta última semana, ¿cuántas veces se ha sentido usted con miedo o temores?(4) todo el tiempo o casi todo el tiempo (5 – 7 días)
	(1) rara vez (menos de 1 día)
	(2) algo o muy poco (1 - 2 días)
	(3) ocasionalmente o a veces $(3-4 días)$
	(4) todo el tiempo o casi todo el tiempo (5 – 7 días)

Medication Name	Dosage	Prescribing Physician	Reason meds taken

72.b ¿Puede usted tomar todos los medicamentos que son necesarios para sus problemas de salud?

(1) No (PASAR A LA P. 72c) (2) Sí (PASAR A LA P. 73)
72.c ¿Por qué no toma todos los medicamentos que son necesarios para sus problemas de salud?
73. ¿Diría usted que a veces se le olvida tomar sus medicamentos a la hora que debería tomarlos?(1) No
Sí (PREGUNTAR): ¿Diría usted que se le olvida tomar sus medicamentos rara vez, con frecuencia o con mucha frecuencia? (2) rara vez, (3) con frecuencia (4) con mucha frecuencia
CONCEPTOS DE RIESGO DE LA NUTRICIÓN
74. ¿Tiene usted una enfermedad o condición que le haya obligado a cambiar el tipo o la cantidad de alimentos que come? (0) No(2) Sí
(2) Sí
75. ¿Come usted menos de 2 comidas al día?(0) No(3) Sí
76. ¿Come usted suficientes frutas, verduras y productos lácteos (leche, queso, yogurt, cuajada, etc.)? (2) No(0) Sí
77. Durante el último mes, ¿ha tomado usted cuando menos tres bebidas alcohólicas casi a diario? Con bebidas alcohólicas me refiero a cerveza, licor, vino de mesa o cualquier combinación de los mismos casi a diario. (0) No(2) Sí
COMENTARIOS ESPONTÁNEOS
78. ¿Tiene usted algún problema con los dientes o la boca o problema para tragar que no le permita comer sin dificultad? (0) No(2) Sí
(2) Sí
79. ¿Por lo general tiene usted dinero suficiente para poder comprar los alimentos que necesita? (4) No(0) Sí
80. ¿Come usted solo(a) la mayoría del tiempo?(0) No(1) Sí
81. ¿Toma usted tres medicamentos o más a diario sea por receta o de venta libre (medicamentos sin receta)? B-28

(0) No (1) Sí	1-
82. Sin querer, ¿ha bajado o ha aumentado usted cuando menos 10 libras durante los últimos seis meses? (0) No(2) Sí No sabe	
83. AUTOCODE 84. TOTAL NUTRITIONAL RISK SCORE → INSTRUCCIONES PARA LA P. 85 y P. 85 a-c: CUANDO EL (LA) ENTREVISTADO(A) CONTESTE QUE "NO," PASAR A LA P. 86.	
85. ¿Tiene usted dinero suficiente para pagar sus gastos y recibos? Sí (HACER LA P. 85a) No (ALTO, PASAR A LA P. 86)	
85a. ¿Le queda a usted algo de dinero después de pagar sus gastos y recibos? Sí (HACER LA P. 85b) No (ALTO, PASAR A LA P. 86)	
85b. ¿Le queda a usted dinero suficiente para hacer algunas cosas que a usted (y/o a su familia/compañeros(as) de casa) le(s) de gusto? Sí (HACER LA P. 85c) No (ALTO, PASAR A LA P. 86)	
 85c. ¿Le queda a usted algo de dinero para hacer lo que usted quiere hacer; para poder comprar lo que necesita y vivir la vida que usted quiere vivir? Sí (PASAR A LA P. 86) No (PASAR A LA P. 86) 	
86. Y la última pregunta, quisiera saber si tiene usted algunos problemas o necesidades especiales que no hayamos comentado. Si es así, cuéntemelos por favor.	

ENTREVISTADOR(A): Agradecer al (a la) entrevistado(a) su colaboración.

INTERVIEWER: FILL OUT THE REMAINDER OF THESE QUESTIONS $\underline{\text{AFTER}}$ YOU LEAVE RESPONDENT'S HOME.

PHYSICAL ENVIRONMENT

87. Check the responses that describe the physical condition of the interior environment of this home; i.e., furnishings, floor and walls.
(1) No(2) Yes Furnishings badly in need of repair(1) No(2) Yes Floor (or carpet) badly in need of repair(1) No(2) Yes Walls badly in need of repair
88. Check the response that best describes the cleanliness, clutter, and neatness of the home's interior.
(1) Home appears to be clean and neat(2) Could use some cleaning and some straightening up(3) Very dirty and very cluttered
89. Check the response that best describes the home's exterior condition (e.g., porch, front steps, doorway, exterior walls).
(1) Exterior appears to be in relatively good condition(2) Exterior looks basically sound but could use some work(3) Exterior is in very poor condition; needs work badly
90. Describe the client's situation, paying special attention as to how client's situation applies to his or her need for additional services. Include physical and mental health, loneliness, etc.
91. Who besides respondent was present during this interview? List relationship of person(s) to respondent; e.g., friend, daughter, etc.

Screening Follow-Up (Short-Form) English & Spanish

SCREENING FOLLOW-UP (SHORT FORM) PROJECT FOCUS

Date:	MM DD YY	
Projec	ct FOCUS Participant ID #:	Interviewer:
3		
1.	Would you describe your health as poor(1) Poor(2) fair(3	
2.	Do you ever feel sad or depressed?(0) NoYes (ASK): Would you say that the time?(1) seldom(2) fairly often(3) just about all the time	you feel sad or depressed seldom, fairly often, or just about all
3.	In general, are you happy with your life(0) Yes No (ASK): Would you say that y all the time?(1) seldom(2) fairly often(3) just about all the time	ou are unhappy with your life seldom, fairly often, or just about
4.	(0) No	hat this causes problems for you or your family? you have problems sleeping seldom, fairly often, or just about all
5.	Now, looking at the past year – the past longer when nearly everyday you felt sa(2) Yes(1) No	12 months or so – have you ever had a period of two weeks or d, blue, or depressed?
6.	Again, looking at the past 12 months or nearly everyday you experienced a "loss(2) Yes(1) No	so, have you ever had a period of two weeks or more when of interest" in most things?
7.	As you grow older, do things seem bette (1) No (2) Yes	er than you thought they would be?

2

8.	When you think back over your life, do you feel that you didn't get most of the important things yo wanted?		
	(2) No (1) Yes		
9.	Do you sometimes feel that you are all alone in the world?(1) No(2) Yes		
10.	During the past week, how often did you have trouble remembering things? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)		
11.	During the past week, how often did you have trouble concentrating? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)		
12.	During the past week, how often did you have difficulty making decisions? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)		
13.	During the past week, how often did you have your mind go blank? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)		
14.	During the past week, how often did you feel nervous or shaky inside? (4) most or all of the time (5 - 7 days) (3) occasionally or a moderate amount of the time (3 - 4 days) (2) some or a little of the time (1 - 2 days) (1) rarely (less than 1 day)		
15.	During the past week, how often did you feel fearful or afraid? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)		
16.	During the past week, how often did you sweat when you were not working hard or you were not overheated? (4) most or all of the time (5 – 7 days) (3) occasionally or a moderate amount of the time (3 – 4 days) (2) some or a little of the time (1 – 2 days) (1) rarely (less than 1 day)		

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In the last month, have you had at least three alcoholic drinks almost every day? By alcoholic drinks I mean beer, liquor, wine, or any combination of these almost every day. (0) No(2) Yes	
Describe the client's situation, paying special attention as to how client's situation applies to his or her need for additional services. Include physical and mental health, loneliness, etc.	
·	
	_
	_
Who besides respondent was present during this interview? List relationship of person(s) to responde e.g., friend, daughter, etc.	n

SCREENING FOLLOW-UP (SHORT FORM - SPANISH) PROJECT FOCUS

Da	Date: /			
Pr	roject FOCUS Participant ID #: 5PF Interviewer:			
1.	¿Cómo describiría usted su salud: mala, regular, o buena?(1) mala(2) regular(3) buena			
2.	¿A veces se siente usted triste o deprimido(a)? (0) NoSí (PREGUNTAR): ¿Diría usted que se siente triste o deprimido(a) poco, regularmente o con frecuencia, o casi todo el tiempo?(1) poco(2) regularmente o con frecuencia(3) casi todo el tiempo			
3.	En general, ¿se siente usted contento(a) con su vida? (0) Sí No (PREGUNTAR): ¿Diría usted que se siente infeliz con su vida poco, regularmente o con frecuencia, o casi todo el tiempo? (1) poco (2) regularmente o con frecuencia (3) casi todo el tiempo			
4.	¿Tiene usted problemas para dormir tanto que esto causa problemas para usted o su familia? (0) No(0) No(1) Poco(1) Poco(2) regularmente o con frecuencia(3) casi todo el tiempo			
5.	Ahora, tomando en cuenta este último año – más o menos los últimos 12 meses – ¿ha tenido usted un período de dos semanas o más en que casi a diario se haya sentido triste o deprimido(a)? (2) Sí(1) No			
6.	Ahora, tomando en cuenta más o menos los últimos 12 meses, ¿ha tenido usted alguna vez un período de dos semanas o más en que casi a diario haya experimentado una "falta de interés" en casi todo? (2) Sí(1) No			
7.	Al ir alcanzando una mayor edad, ¿le parece que las cosas van mejor que lo que usted pensaba?(1) No(2) Sí			
8.	Cuándo se pone usted a pensar en su vida, ¿cree usted que no logró la mayoría de las cosas importantes que quería? ———————————————————————————————————			

9. ¿Cree usted a veces que se encuentra solo(a) en el mundo?(1) No(2) Sí
10. Durante esta última semana, ¿cuántas veces ha tenido usted problemas para recordar cosas? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
11. Durante esta última semana, ¿cuántas veces ha tenido usted problemas para concentrarse? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
12. Durante esta última semana, ¿cuántas veces ha tenido usted dificultad para tomar decisiones? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
13. Durante esta última semana, ¿cuántas veces se le ha quedado a usted la mente en blanco? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
14. Durante esta última semana, ¿cuántas veces se ha sentido usted nervioso(a) o tembloroso(a)? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
15. Durante esta última semana, ¿cuántas veces se ha sentido usted con miedo o temores? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
 16. Durante esta última semana, ¿cuántas veces se ha puesto usted sudoroso(a) sin hacer trabajo arduo o sin sentir mucho calor? (4) todo el tiempo o casi todo el tiempo (5 – 7 días) (3) ocasionalmente o a veces (3 – 4 días) (2) algo o muy poco (1 – 2 días) (1) rara vez (menos de 1 día)
17. Durante el último mes, ¿ha tomado usted cuando menos tres bebidas alcohólicas casi a diario? Con bebida alcohólicas me refiero a cerveza, licor, vino de mesa o cualquier combinación de los mismos casi a diario. (0) No(2) Sí
(2) Sí B-36

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CMHS GPRA Survey English & Spanish

CMHS GPRA Client Outcome Measures for Discretionary Programs

Mode of Administration	Case Status		
Face-to-Face	Open Case		
Telephone	Closed Case		
Self-Administered			

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

As per the suggestion of the Older Adults and Mental Health Initiative grantees, the sequence of the original GPRA instruments has been modified in order to improve the respondents' engagement. The modifications are as follows:

Original GPRA Sequence	Modified GPRA Sequence	Renumbered GPRA Sequence
Section A Record Management	Section A Record Management	Section A Record Management
Section B Drug and Alcohol Use	Section F Demographics	Section B Demographics
Section C Family and Living	Section D Education and Employment	Section C Education and Employment
Conditions		
Section D Education and	Section C Family and Living	Section D Family and Living
Employment	Conditions	Conditions
Section E Mental and Physical	Section E Mental and Physical Health	Section E Mental and Physical Health
Health Problems and Treatment	Problems and Treatment	Problems and Treatment
Section F Demographics	Section B Drug and Alcohol Use	Section F Drug and Alcohol Use

A. RECORD MANAGEMENT	
Client ID 5 P F	
Contract/Grant ID S M 5 4 7 5 9	
Grant Year Year	
nterview Date	
nterview Type a. INTAKE b. 6 month follow-up c. 12 month follow-up	
B. DEMOGRAPHICS (ASKED ONLY AT BASELINE)	
Gender ☐ Male ☐ Female ☐ Other (please specify)	
Black or African American Asian American Indian Native Hawaiian or other Alaska Native What is your data of hirth?	
. What is your date of birth?	
C. EDUCATION AND EMPLOYMENT	
. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?] a. \[\begin{align*} Not enrolled \\ b. \[\end{align*} Enrolled, full time \\ c. \[\end{align*} Enrolled, part time \\ d. \[\end{align*} Other (specify) \]	
. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]	
level in years	

	2a. If less the Diploma)?	an 12 years of education, do you have a GED (Graduate Equivalent
	a. 🗌 `	Yes b. No
3.	week, determining a.	Unemployed, Volunteer work Unemployed, Retired Other Specify
D.	FAMILY A	ND LIVING CONDITIONS
1.	In the past 30 da a b c d	
2.		week, to what extent have you been experiencing difficulty in the area y-to-day life (e.g., getting to places on time, handling money, making
	a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused
3.		•
	a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme difficulty Don't know Not Applicable Refused

4.	During the past	week, to what extent have you been experiencing difficulty in the area
	of: Work (e.g., c	ompleting tasks, performance level, finding or keeping a job)
	a. 🗌	No difficulty
	b.	A little difficulty
	c. □	Moderate difficulty
	d. □	Quite a bit of difficulty
	e. 📋	Extreme difficulty
	f	Don't know
	g. <u> </u>	Not Applicable
	h. 🗌	Refused
5.		week, to what extent have you been experiencing difficulty in the area
	of: Leisure time	or recreational activities
	a. 🔲	No difficulty
	b. 🗌	A little difficulty
	c. 🔲	Moderate difficulty
	d. 🗌	Quite a bit of difficulty
	e. 🗍	Extreme difficulty
	f. 🗍	Don't know
	g. 🗌	Not Applicable
	h.	Refused
	ب	TOTADOG
6.	During the past	week, to what extent have you been experiencing difficulty in the area
6.		week, to what extent have you been experiencing difficulty in the area
6.	of: Developing in	ndependence or autonomy
6.	of: Developing in a	ndependence or autonomy No difficulty
6.	of: Developing in a b	No difficulty A little difficulty
6.	of: Developing in a b c	Moderate difficulty Moderate difficulty
6.	of: Developing in a.	Modependence or autonomy No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty
6.	of: Developing in a b c d e	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty
6.	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know
6.	of: Developing in a b c d e f g	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable
6.	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know
	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused
	of: Developing in a b c d e f g h During the past v	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area
	of: Developing in a. b. c. d. e. f. g. h. During the past of: Apathy or lace	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ek of interest in things
	of: Developing in a b c d e f g h During the past of: Apathy or lace a	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ek of interest in things No difficulty
	of: Developing in a. b. c. d. e. f. g. h. During the past of: Apathy or lace	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ex of interest in things No difficulty A little difficulty
	of: Developing in a b c d e f g h During the past of: Apathy or lace a	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ex of interest in things No difficulty A little difficulty Moderate difficulty Moderate difficulty
	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ex of interest in things No difficulty A little difficulty
	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ex of interest in things No difficulty A little difficulty Moderate difficulty Moderate difficulty
	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ex of interest in things No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty
	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area of interest in things No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme difficulty Extreme difficulty
	of: Developing in a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme Difficulty Don't know Not Applicable Refused week, to what extent have you been experiencing difficulty in the area ek of interest in things No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme difficulty Extreme difficulty Don't know

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8. During the past week, to what extent have you been experiencing difficulty in the area

of: Confusion, concentration or memory

	a.	No difficulty A little difficulty Moderate difficulty Quite a bit of difficulty Extreme difficulty Don't know Not Applicable Refused			
9.		week, to what extent have yo	u been experi	encing	difficulty in the area
	of: Feeling satisf	faction with your life No difficulty			
	a b. □	A little difficulty			
	c. [Moderate difficulty			
	d. 🗌	Quite a bit of difficulty			
	e. 🔲	Extreme difficulty			
	f	Don't know			
	g. [Not Applicable Refused			
E.	h	AND PHYSICAL HEALTH	I DDODI EN	AC AN	D TDEATMENT
L.	WIENTAL	IND FRISICAL REALIT	1 PROBLEM	15 AN	DIREATMENT
1.	How would you	rate your overall health righ	t now?		
	a. 🗌	Excellent			
	b. 🗌	Very good			
	c. [Good			
	d. [_] e. □	Fair Poor			
	С	1 001			
2.	During the past	30 days, did you receive			
	a Innationt	Treatment for:			If yes, altogether
	a. Inpatient	rreatment for:	No	Yes	for how many nights
			110	1 03	(DK=98)
	I. Physical co	omplaint			(212)0)
	ii. Mental or	emotional difficulties			
	iii. Alcohol o	r substance abuse			
	_				
	b. Outpatien	t Treatment for:	> 7	T 7	If yes, altogether
			No	Yes	how many times
	I. Physical co	mnlaint			(DK=98)
	-	emotional difficulties			
		r substance abuse			
	111. 711001101 0	. Substance abuse	لــا	السما	
	c. Emergency	Room Treatment for:			If yes, altogether
			No	Ves	for how many times

	ii. Me	ysical complaint ental or emotional difficulties lcohol or substance abuse	(DK=98)	
F.	DRU	G AND ALCOHOL USE		
1. D	uring th	ne past 30 days how many days have you used the follow	wing:	Number of Days
	a. 🗌	Any Alcohol		
	b. [Alcohol to intoxication (5+drinks in one sitting)		
	c. [Illegal Drugs		
2. D	uring th	e past 30 days, how many days have you used any of the	ne following:	Number of Days
	a.	Benzodiazepines, barbiturates, other tranquilizers, Dowsedatives, or hypnotics, [GHB, Grievous Bodily Harm, CBoy, G, Liquid Ecstacy; Ketamine, Special K, K, Vitami Valiums; Rohypnol, Roofies, Roche]	Georgia Home	
	h	Other Drugs - Specify		

CMHS GPRA Medidas de Resultados de Clientes para Programas Discrecionales

Mode of Administration	Case Status
Face-to-Face Telephone Self-Administered	Open Case Closed Case

El esfuerzo requerido por parte del público para esta recopilación de información se estima que toma un promedio de 20 minutos por cuestionario si se le hacen todas las preguntas a un cliente; en la medida en que los proveedores de servicios ya hayan obtenido mucha de esta información como parte de entrevistas de admisión o seguimiento se requerirá menos tiempo. Envíe comentarios concernientes a este estimado de esfuerzo u otros aspectos de la recopilación de información a SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. Una agencia no puede llevar a cabo o auspiciar esta recopilación de información; y a una persona no se le requiere que responda a esta recopilación de información sin que la misma tenga un número de control de OMB válido en estos momentos. El número de control de este proyecto es 0930-0208.

B-45 06/05/03

A.	RECORD M	IANAGEMENT	
Clien	t ID	5 P F	
Cont	ract/Grant ID	S M 5 4	7 5 9
Gran	t Year	Year	
Inter	view Date		/
Inter	view Type	a. 🔲 INTAKE 🛚 I	b. 6 month follow-up c. 12 month follow-up
B. PRIN	INFORMAC MERA ENTRI		A (PREGUNTE SOLAMENTE EN LA
1.	Fen	sculino nenino o (por favor especifique)	
2.	¿Es usted hisp	pano/a o latino/a?	
3.	☐ Neg ☐ Asi ☐ Indi	za? (Seleccione una o m gra o afro americana ática a americana vaiana u otra	·
4.	¿Cuál es su fe	cha de nacimiento?	Mes / Día / Año
C.		N Y EMPLEO	
1.	entrenamiento parcial?] a. b. c.	tualmente inscrito/matro para trabajar? [SI ES] No está inscrito Inscrito, tiempo completo Inscrito, tiempo parcial Otro (especifique)	iculado en la escuela o en un programa de TÁ INSCRITO: ¿A tiempo completo o

	nivel de educación más alto que ha terminado, aunque haya o no haya? [01=1er grado, 12=12mo grado, 13=primer año de universidad, 16=terminó
	nivel en años
-	oletó menos de 12 años de educación, ¿tiene un GED (Diploma e de Graduación)?
a. 🗌	Sí b. 🗌 No
parte de la semana p no tenia trabajo, est a estac b c d e f g	Empleado a tiempo completo (35 horas o más a la semana o lo hubiera do) Empleado/a a tiempo parcial Desempleado/a, buscando trabajo Desempleado/a, discapacitado/a Desempleado/a, trabajo voluntario/a Desempleado/a, jubilado/a (retirado/a) Otro, especifique
D. CONDICIO	ONES FAMILIARES Y DE VIVIENDA
1. En los últimos a.	30 días, ¿dónde ha estado viviendo la mayor parte del tiempo? Refugio/albergue (centros de recepción, otra facilidad temporera diurna o nocturna)
b	Calle/afuera (acera, portal, parque, edificio público o abandonado)
c	
d. [En una casa (propia o el apartamento, cuarto o casa de otra persona, casa u hogar transitorio ("halfway house"), tratamiento residencial)
dificultad en el	ana pasada, ¿hasta qué punto ha estado usted experimentando área de: Manejo de la vida diaria (por ejemplo: llegar a tiempo a los o de dinero, tomar decisiones de todos los días)?
a	Ninguna dificultad
b.	Un poco de dificultad Dificultad moderada
c d. □	Bastante dificultad
e. 🗀	Dificultad extrema
f. 🗀	No sabe
g. 🗌	3.7 1'
h. 🗀	No se aplica Rehusó contestar

3.	Durante la sema	na pasada, ¿hasta qué punto ha estado usted experimentando		
dificultad en el área de: Responsabilidades del hogar (por ejemplo: hacer las comp				
	cocinar, lavar ropa, mantener el cuarto limpio, otras tareas)?			
	a. 🗌	Ninguna dificultad		
	b. 🗌	Un poco de dificultad		
	c. 🗌	Dificultad moderada		
	d. □	Bastante dificultad		
	e. 🗍	Dificultad extrema		
	f.	No sabe		
	g. 🗍	No se aplica		
	h.	Rehusó contestar		
4.	Durante la sema	na pasada, ¿hasta qué punto ha estado usted teniendo dificultad en el		
		o (por ejemplo: completar tareas, nivel de rendimiento, encontrar o		
	mantener un tra			
	а. П	Ninguna dificultad		
	b. [Un poco de dificultad		
	c. \square	Dificultad moderada		
	d. □	Bastante dificultad		
	e. \square	Dificultad extrema		
	f. \Box	No sabe		
	g. 🗌	No se aplica		
	h. [Rehusó contestar		

5.	Durante la sema	na pasada, ¿hasta qué punto ha estado usted teniendo dificultad en el		
٠.		libre o actividades recreativas?		
	a.	Ninguna dificultad		
	b. \square	Un poco de dificultad		
	c. □	Dificultad moderada		
	d. □	Bastante dificultad		
	e. 🗆	Dificultad extrema		
	f. [No sabe		
	g. [No se aplica		
	b. □	Rehusó contestar		
	11.	renuso contesta		
6	Durante la sema	na pasada, ¿hasta qué punto ha estado usted teniendo dificultad con su		
٠.	independencia o			
	a. \square	Ninguna dificultad		
	b. □	Un poco de dificultad		
	c. \square	Dificultad moderada		
	d. □	Bastante dificultad		
	e. \Box	Dificultad extrema		
	f. □	No sabe		
	g. 🗌	No se aplica		
	g. □ h. □	Rehusó contestar		
	*** 🗀	TOTAL OF TOTAL OF THE STATE OF		

7.	Durante la sema	na pasada, ¿hasta qué punto ha estado usted sintiendo apatía o falta de
	interés en hacer	cosas?
	a. 🗌	Ninguna dificultad
	b	Un poco de dificultad
	c	Dificultad moderada
	d	Bastante dificultad
	e. 🗌	Dificultad extrema
	f. 🔲	No sabe
	g. 🗌	No se aplica
	h. 🗀	Rehusó contestar
8.	Durante la sema	na pasada, ¿hasta qué punto se ha sentido confundido o ha estado
		ades con su concentración o memoria?
	a. 🗍	Ninguna dificultad
	b. 🗍	Un poco de dificultad
	c. 🗌	Dificultad moderada
	d. 🗌	Bastante dificultad
	e. 🔲	Dificultad extrema
	f. 🗌	No sabe
	g. 🗌	No se aplica
	h. 🗀	Rehusó contestar
9.	Durante la semai	na pasada, ¿hasta qué punto ha estado usted teniendo dificultad para
	sentir satisfacció	
	a. 🗆	Ninguna dificultad
	b. □	Un poco de dificultad
	c. 🗍	Dificultad moderada
	d. 🗀	Bastante dificultad
	e. 🗌	Dificultad extrema
	f. 🗀	No sabe
	g. 🗌	No se aplica
	h. 🗌	Rehusó contestar
E.	PROBLEMA	AS Y TRATAMIENTOS DE SALUD MENTAL Y FÍSICA
1.	¿Cómo clasi	ficaría su salud en general ahora mismo?
	a. 🗌	Excelente
	b	Muy buena
	c. 🗌	Buena
	d. 🗀	Regular
	e. 🗌	Mala

2.	Dura	ante los últimos 30 días, ¿recibió ust	ed					
	I. Qu ii. D iii. A	ratamiento hospitalizado para: ueja física ificultades mentales o emocionales abuso de alcohol o substancias ratamiento ambulatorio para:			Si con No	ntesta sí, Sí cuánta noches en tot (DK=98) Si contesta si	al	
	I. Qu ii. D	neja física ificultades mentales o emocionales abuso de alcohol o substancias		No	Sí	cuántas veces (DK=98)		
	c. Tr	atamiento en la sala de emergencias	para:		ntesta si			
				No	Sí	cuántas veces (DK=98)	en total	
	ii. Di	leja física ificultades mentales o emocionales lbuso de alcohol o substancias					- -	
F.	USO	DE DROGAS Y ALCOHOL						
1. D	urante	los últimos 30 días, ¿cuántos días ha	usado	lo sigu	iente?		Número	de días
	a. 🗌	Cualquier tipo de alcohol						
	b. 🔲	Alcohol hasta emborracharse (5 ó m	iás trage	os de ui	na senta	da)		
	c. 🗌	Drogas ilícitas o ilegales						
2. D		los últimos 30 días, ¿cuántos días ha ancias?	usado	alguna	de las	siguientes	Número	de días
	a.	Benzodiacepina, barbitúricos, otros t o hipnóticos [GHB, Grievous Bodily Liquid Ecstacy; Ketamine, Special k	y Harm,				<u> </u>	
	b	Otras drogas - Especifique						

Senior Peer Counseling Trainer's Guide Materials

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Professional Training

Student and Intern Training

CHA is a placement and training site for graduate and post-graduate interns in psychology, marriage and family therapy, gerontology, and social work. Through a foundation grant, we are participants in the Geriatric Social Work Education Initiative. For more information on student and intern training, call Rick Price at (310) 576-2554, extension 222, or click on rprice@centerforhealthyaging.org.

Peer Counseling Training

Our renowned Peer Counseling program has become a model for the delivery of counseling services to older adults. We've been training older volunteers as paraprofessional counselors since 1978. This program and our training methods have been featured on nationally known TV shows, including "60 Minutes" and "20/20" and the program has been replicated nationally and internationally with our consultation. Our experienced staff is available for training to organizations wishing to develop their own senior peer counseling program, our step by step training manual complete with audiotapes is available for purchase. Videos are also available for sale. For more information on our Peer Counseling Training program, call Evelyn Freeman at (310) 576-2554, extension 370, or click on

efreeman@centerforhealthyaging.org. For information on purchasing our training manual, call Marlena Ross at (310) 576-2554, extension 371, or click here for Books & Manuals.

Program Development & Consultation

Center For Healthy Aging is available to assist organizations and individuals in developing health and aging services and programs, such as:

- Peer counseling
- Care management
- Daily money management
- Medications management
- Service integration
- Linking with the medical community

For information, contact Monika White at (310) 576-2554, extension 362, or click on mowhite@centerforhealthyaging.org.

Volunteer University

Center For Healthy Aging (CHA) has established a premier volunteer training program that builds on our experience and expertise in the utilization of volunteers. Our training program is available to agencies and organizations wishing to learn about developing a volunteer program as well as individuals who are wanting to become volunteers. The program is based on a "university" concept, providing core curriculum followed by training in specialized settings, populations and services. While much of our focus is on volunteers serving older adults, the training is available for replication in diverse populations.

Our university offers various curricula, ranging from two-hour classes to more intensive 12-week courses. Content

